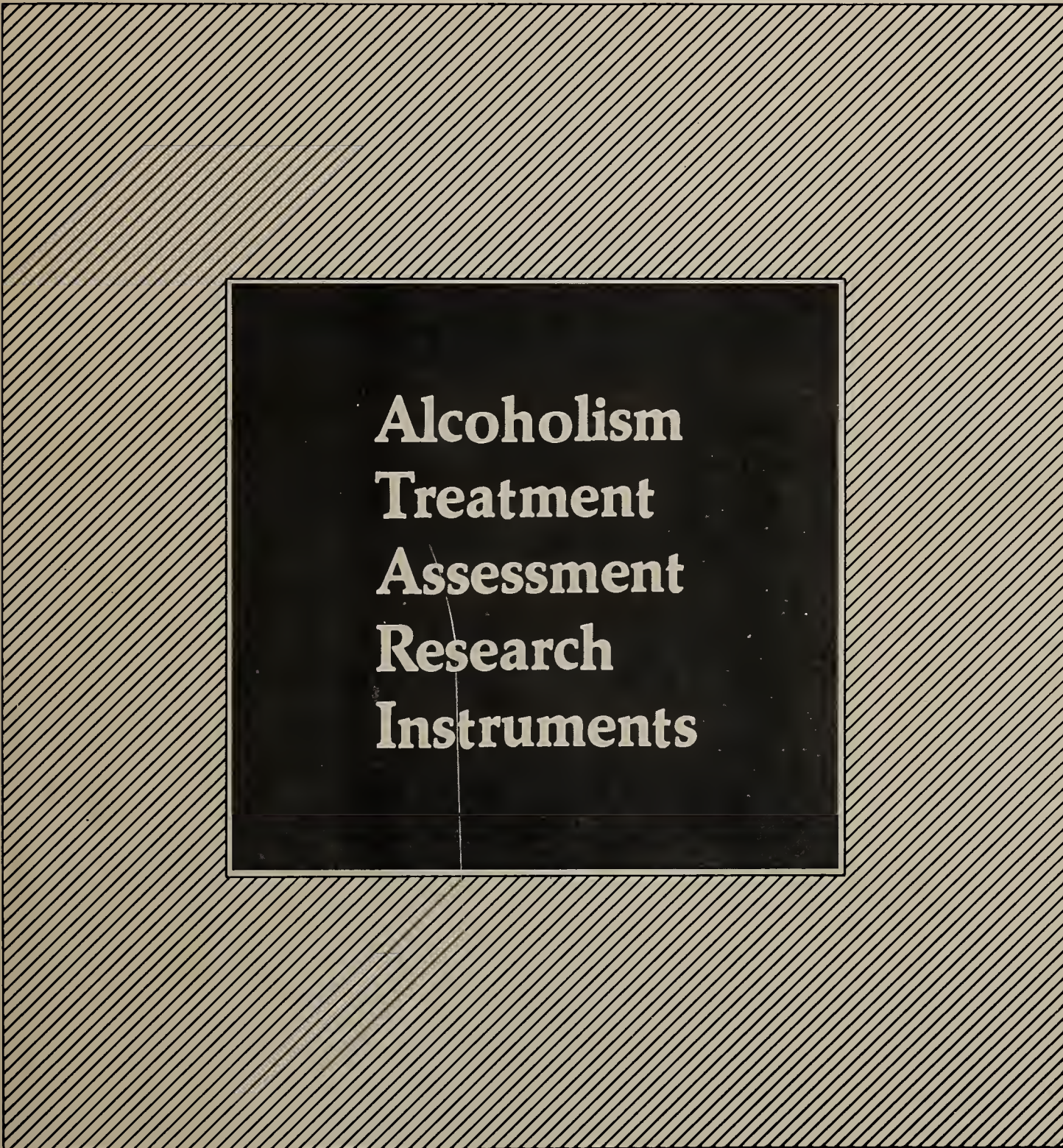




# TREATMENT HANDBOOK SERIES 2

A large rectangular area filled with a dense, diagonal hatched pattern. In the center of this area is a solid black square with a thin white border. Inside the black square, the title text is written in white, bold, sans-serif font.

## **Alcoholism Treatment Assessment Research Instruments**

10/18/08  
10/18/08  
10/18/08

NIAAA TREATMENT HANDBOOK SERIES

- 1 Summaries of Alcoholism Treatment Assessment Research
- 2 Alcoholism Treatment Assessment Research Instruments
- 3 Research Strategies in Alcoholism Treatment Assessment

NIAAA  
**TREATMENT HANDBOOK SERIES 2**

Alcoholism Treatment Assessment Research Instruments

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EDITED BY

Dan J. Lettieri, Ph.D.

Jack E. Nelson

Mollie A. Sayers

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Public Health Service  
Alcohol, Drug Abuse and Mental Health Administration*

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## FOREWORD

The intent of this compendium is to facilitate researchers in locating, examining and selecting possible research instruments for use in treatment assessment projects. One of the time-consuming tasks for researchers is to track down such materials. It is our hope and intent that this volume will simplify that task, considerably. Obviously not all instruments could be included, but a representative sampling have been selected for inclusion here. The National Institute on Alcohol Abuse and Alcoholism does not specifically endorse any one instrument over another. Such decisions should remain the domain of the individual researcher and reflect the needs of the particular project. One of the underlying goals of the compendium is to stimulate more cross-study comparability in terms of instrumentation. It is with a great sense of satisfaction that we have compiled this material, and can make it more readily available to the treatment research community.

We welcome receiving information on other instruments. A copy of the instrument plus an abstract would be appreciated.

Dan J. Lettieri, Ph.D.



## PREFACE

The 45 instruments in this volume provide a representative cross-section of the assorted questionnaires, scales, indexes, inventories, and other data gathering and measurement devices used in the alcoholism treatment assessment field. They were selected through a process that began with the combing of the extensive library of alcoholism treatment instruments maintained in the Conner Collection of the Center of Alcohol Studies, Rutgers University, Piscataway, New Jersey. A seed list of relevant instruments was developed from that source and was provided to a panel of three active researchers. The three researchers--Helen M. Annis, Ph.D., of the Addiction Research Foundation; Barbara J. McCrady, Ph.D., of the Rutgers University Center of Alcohol Studies; and Harvey A. Skinner, Ph.D., of the Addiction Research Foundation--developed additional lists of research instruments. Their combined materials became the core of this volume, and final selection of instruments was made by the editors.

The instruments included run the gamut of those used in the alcoholism treatment assessment field, from diagnostic scales to followup telephone surveys. They cover all of the assessment phases, from baseline to followup. These instruments conceptually define and measure what alcoholism is, and they identify and measure the sociobehavioral, medical, and other correlates of alcoholism. Although representative, these 45 instruments are far from inclusive. It is recognized that many noted and well-known alcoholism treatment assessment instruments are not included (e.g., the CAGE and DSM-III).

When possible, the descriptions of individual instruments were based on information provided by their authors. In other cases the descriptions were extracted from the research literature.

The indexes at the end of the volume provide a detailed guide across and between the various instruments and should be a helpful reference resource.

Volume 1 in this series, Summaries of Alcoholism Treatment Assessment Research, is a companion piece providing descriptions of empirical studies that utilize many of the instruments detailed in this volume.





## CONTENTS

- iii Foreword
- v Preface
- 1 Cross-Study Shared Data Base: Intake Interview. Addiction Research Foundation.
- 14 Cross-Study Shared Data Base: Treatment Variables and Within-Treatment Functioning. Addiction Research Foundation.
- 19 Cross-Study Shared Data Base: Follow-Up Interview. Addiction Research Foundation.
- 32 Inventory of Drinking Situations. Helen M. Annis.
- 36 Outcome Expectancies Questionnaire. Helen M. Annis.
- 38 Client Satisfaction Questionnaire. C. Clifford Attkisson, Gregory Pascoe, Maurice LeVois, Daniel L. Larsen, Wm. A. Hargreaves, Tuan Nguyen, and Rebecca Zwick.
- 56 Drinking Classification Indices. Jeffrey M. Brandsma, Maxie C. Maulsby, Jr., and Richard J. Welsh.
- 64 Behavior Rating Scale--Social, Employment, Economic, Legal, and Drinking. Jeffrey M. Brandsma, Maxie C. Maulsby, Jr., and Richard J. Welsh.
- 78 Quantity-Frequency-Variability Index. Don Cahalan, Ira H. Cisin, and Helen M. Crossley.
- 82 Munich Alcoholism Test (MALT). W. Feuerlein, C. Ringer, H. Kufner, and K. Antons.
- 85 The Social Readjustment Rating Scale. Thomas H. Holmes and Richard H. Rahe.
- 91 Alcohol Dependence Scale (ADS). John L. Horn, Harvey A. Skinner, Kenneth W. Wanberg, and F. Mark Foster.
- 96 The Alcohol Use Inventory (AUI). John L. Horn, Kenneth W. Wanberg, and F. Mark Foster.
- 109 Client Follow-Up Interview. Dennis Kelso and Kaye M. Fillmore.
- 153 Drinking-Related Locus of Control Scale. M. Keyson and L. Janda.
- 159 MacAndrew Alcoholism Scale. Craig MacAndrew.
- 162 Family Tree Questionnaire for Assessing Family History of Drinking Problems. Robert E. Mann, Linda C. Sobell, Mark B. Sobell, and D. Pavan.
- 167 Comprehensive Drinker Profile. G. Alan Marlatt and William R. Miller.

## CONTENTS (Continued)

- 189 Outcome in Alcoholics Follow-Up Interview. Helen S. Maurer.
- 199 Project for Alcoholic Couples Treatment: Baseline Interview. Barbara S. McCrady.
- 209 Project for Alcoholic Couples Treatment: Client Follow-Up Interview and Spouse Follow-Up Interview. Barbara S. McCrady.
- 227 Clinical Screening Interview. Barbara S. McCrady and D.B. Abrams.
- 245 Addiction Severity Index. A.T. McLellan, L. Luborsky, C.P. O'Brien, and G.E. Woody.
- 252 Patient Evaluation of Treatment Program. D. Paul Moberg and William S. Zuppek.
- 261 Background Information Form and Follow-Up Information Form. Rudolf H. Moos.
- 275 Health and Daily Living Form. Rudolf H. Moos.
- 293 Community Oriented Programs Environment Scale. Rudolf H. Moos.
- 296 DUI Probation Follow-Up Project Life Activities Questionnaire. National Highway Traffic Safety Administration.
- 307 National Alcohol Program Information System (NAPIS), ATC Client Intake Form. National Institute on Alcohol Abuse and Alcoholism.
- 315 National Alcohol Program Information System (NAPIS), ATC Client Progress and Followup Form. National Institute on Alcohol Abuse and Alcoholism.
- 321 Health Status of Successfully Treated Alcoholics Pre-Treatment Chart Schedule and Follow-Up Interview Schedule. E.M. Pattison, R. Coe., R.J. Rhodes, H.O. Doerr, E.B. Headley, G.C. Gleser, and L.A. Gottschalk.
- 337 Rand/ATC Four-Year Followup Study Client Interview, Self-Administered Form, and Collateral Interview. J. Michael Polich, David J. Armor, and Harriet B. Braiker.
- 389 National Survey of Adolescent Drinking Behavior--1978. Research Triangle Institute.
- 429 Follow-Up Interview. William P. Rohan.
- 433 Alcohol Treatment Program (ATP) Intake Questionnaire. Marc A. Schuckit.
- 455 Alcohol Treatment Program (ATP) Family History Interview. Marc A. Schuckit.
- 476 Alcohol Treatment Program (ATP) Family History Follow-Up Interview. Marc A. Schuckit.
- 488 Alcohol Treatment Program (ATP) Family History Follow-Up Interview (Resource Person Form). Marc A. Schuckit.
- 508 Michigan Alcoholism Screening Test (MAST). Melvin L. Selzer.
- 512 Lifetime Drinking History. Harvey A. Skinner.
- 528 FIDD Six-Month Follow-Up Questionnaire. Thomas E. Skoloda, Arthur I. Alterman, Floyd S. Cornelison, Jr., and Edward Gottheil.
- 530 Time-Line Follow-Back Assessment Method. Linda C. Sobell, Mark B. Sobell, Stephen A. Maisto, and A. Mitch Cooper.
- 535 ATC Followup Study Questionnaire. Stanford Research Institute.

## CONTENTS (Continued)

555 Severity of Alcohol Dependence Questionnaire (SADQ). T.R. Stockwell, R.J. Hodgson, and R. Murphy.

558 SHARPS Client Satisfaction Questionnaire. Barry A. Tanner.

### INDEXES

561 Author

562 Instrument

562 Subject



## CROSS-STUDY SHARED DATA BASE INTAKE INTERVIEW

- Author: Addiction Research Foundation
- Assessment Areas Covered: Demographics, life history, legal, social relationships, family drinking history, employment, treatment history, alcohol consumption, tobacco consumption, drug use, adverse consequences, withdrawal symptoms
- Administration: Interview format, at intake
- Design Features: Multiple-choice items
- Abstract: This questionnaire was developed by scientists of the Addiction Research Foundation. It is intended to serve as an intake interview for clients entering treatment at an alcoholism treatment center. Questions for inclusion were chosen with a view to both their clinical and research utility. The questionnaire has been used by a number of investigators conducting treatment research studies in the Clinical Institute of the Addiction Research Foundation. An instruction manual for interviewers is available on request to the Foundation.
- Related Published Reports: Annis, H.M. A basic assessment package. In: Glaser, F.B.; Skinner, H.A.; Pearlman, S.; Segal, R.L.; Sisson, B.; Ogborne, A.C.; Bohnen, E.; Gazda, P.; and Zimmerman, T., eds. A System of Health Care Delivery. Vol. II. Toronto: Addiction Research Foundation, 1984.
- Availability Source: Helen M. Annis, Ph.D., Clinical Institute, Addiction Research Foundation, 33 Russell Street, Toronto, Ontario, Canada M5S 2S1
- Copyright: Copyright 1982 by the Addiction Research Foundation. Reproduced with permission by the U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Alcohol Abuse and Alcoholism. Further reproduction is prohibited without permission of the copyright holder.

**CROSS-STUDY  
SHARED DATA BASE  
INTAKE INTERVIEW**

**IDENTIFYING INFORMATION:**

PATIENT NUMBER

3700111  
FORM ID

YR MO DY  
DATE ADMINISTERED

PATIENT NAME

NAME OF STAFF-MEMBER COMPLETING FORM

**A. USAGE MEASURES**

Blood Alcohol Level at Time of Interview	.000 - .400	<input type="checkbox"/>
Alcohol or Drug Withdrawal Symptoms at Time of Interview	1 = yes 2 = no	<input type="checkbox"/>
Alcohol Detected in Urine Sample	1. = yes 2 = no 3 = not done	<input type="checkbox"/>

**B. DEMOGRAPHIC AND LIFE HISTORY CHARACTERISTICS**

(IN ADDITION TO FACE SHEET ITEMS)

**Social Stability Index**

Present Accommodation	1 = own house 2 = apartment or rented house 3 = room 4 = institution 5 = no fixed address (incl. hostel) 6 = other: _____	<input type="checkbox"/>
(Living with: _____ )		
Times Moved in the Past Year	0 - 10	<input type="checkbox"/>
Times Lost Accommodation Due to Alcohol or Drug Use, Past Year	0 - 10	<input type="checkbox"/>
Frequency of Family Contact Over Past Year With Whom: Specify _____	1 = daily 2 = weekly 3 = monthly 4 = less than monthly 5 = none	<input type="checkbox"/>
Nature of Contact (phone/face- to-face, etc.): _____		
Can Return to Live with Family	1 = yes 2 = uncertain 3 = no 8 = does not apply	<input type="checkbox"/>

Presently Employed (Name of Employer: _____)	1 = yes 2 = no 8 = does not apply	<input type="checkbox"/>
Number of Months Employed Full Time or Part Time, Past Year	0 - 12	<input type="checkbox"/>
Number of Job Changes, Past Year	0 - 30	<input type="checkbox"/>
Current Legal Status	1 = no problems 2 = awaiting trial 3 = on probation or parole 4 = in jail	<input type="checkbox"/>

**Legal History**

Days Incarcerated	Past Year 0 - <input type="checkbox"/>	Past 5 Years <input type="checkbox"/>
Number of Convictions for Alcohol and Drug Offenses	0 - <input type="checkbox"/>	<input type="checkbox"/>

**Family History of Drinking Problems**

Number of Nuclear Family Blood Relatives Definitely Known to Have Suffered at least Two Serious Consequences of Excessive Drinking (e.g.: marital, job or legal problems; physical health impairment; alcohol withdrawal symptoms, frequent blackouts; intense social disapproval)	0 - 10	<input type="checkbox"/>
Number of Nuclear Family Blood Relatives (grandparents, parents, siblings) Definitely Known to Have Been Treated for Alcohol Problems or to Have Attended A.A. Meetings Regularly	0 - 10	<input type="checkbox"/>
Combination of the Two Above Items (counting each relative <u>only</u> <u>once</u> )	0 - 15	<input type="checkbox"/>

**Employment History**

Personal Income (to nearest thousand dollars), Past Year	0 - 200	<input type="checkbox"/>
-------------------------------------------------------------	---------	--------------------------

Weeks on Welfare or U.I.C., Past Year	0 - 52	<input type="text"/>
Family Income (to nearest thousand dollars), Past Year	0 - 200	<input type="text"/>
Number of Times Patient Lost Jobs Due to Alcohol or Drug Use, Past Year	0 - 10	<input type="text"/>

**Treatment History**

Indicate the number of times the patient has received each of the four treatment categories during the past year, and the past five years, for each substance problem:

Substance:	Frequency during <u>Past Year</u>				Frequency during <u>Past 5 Years</u>			
	Detox -OXIYA)	Overdose -ODIYA)	Outpatient -OTIYA)	Inpatient -IPIYA)	Detox -OX5YA)	Overdose -OD5YA)	Outpatient -OT5YA)	Inpatient -IP5YA)
Alcohol <u>Only</u> (AL-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Drug <u>Only</u> (specify: ) (DR-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Alcohol and Other Drug (specify drug: ) (AD-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Past Year	Past 5 Years
Days in Hospital for Alcohol or Drug-Related Problems	<input type="text"/>	<input type="text"/>
	0 - 365	900
Number of Hospital Admissions NOT Related to Alcohol or Drug Use	<input type="text"/>	<input type="text"/>
	0 - 10	50
Times attended A.A.	<input type="text"/>	<input type="text"/>
	0 - 300	1500






**C. ALCOHOL CONSUMPTION**

Past 30 Days      Past 90 Days      Past 360 Days

Abstinent Days

0-

 30	 90	 360
-------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

Drinking Days

0-

**FIGURES WITHIN EACH BOX MUST TOTAL:**

30




90

360

**Consumption Levels**

Days on Which 1 to 4 Drinks Were Consumed

0-

 30	 90	 360
-------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------




Days on Which 5 to 9 Drinks Were Consumed

0-

 30	 90	 360
-------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

Days on Which 10 or More Drinks Were Consumed




0-

 30	 90	 360
-------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

**FIGURES WITHIN EACH BOX MUST TOTAL TO THE CORRESPONDING NUMBER OF DRINKING DAYS ABOVE**

Typical Number of Drinks Consumed on Drinking Days When More Than 10 Drinks Were Consumed

10-

 70	 70	 70
---------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------

Drinking Style

- 1 = weekend
- 2 = binge
- 3 = steady
- 4 = other: \_\_\_\_\_

		
---------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------

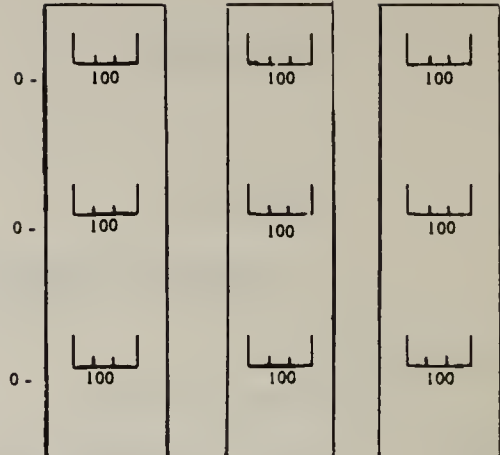
**Social Context**

Past  
30 Days

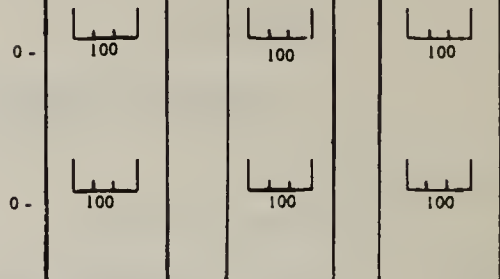
Past  
90 Days

Past  
360 Days

Percent of Time Spent Drinking Alone



Percent of Time Spent Drinking with Others Who Drank More than Patient



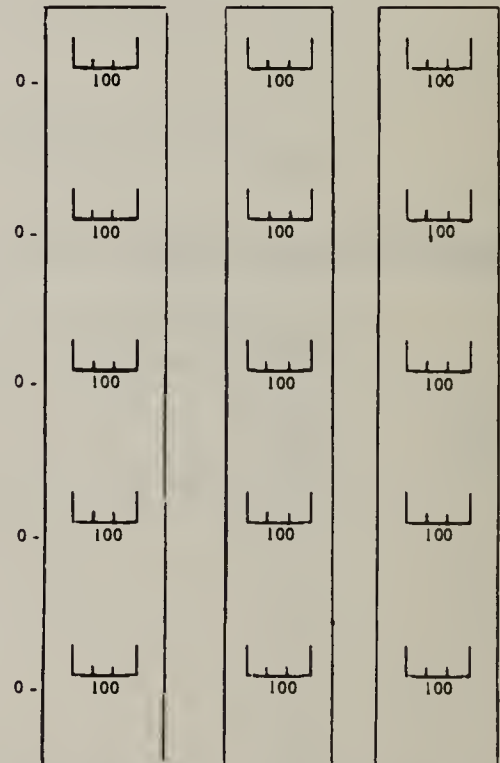
Percent of Time Spent Drinking with Others Who Drank Less than Patient



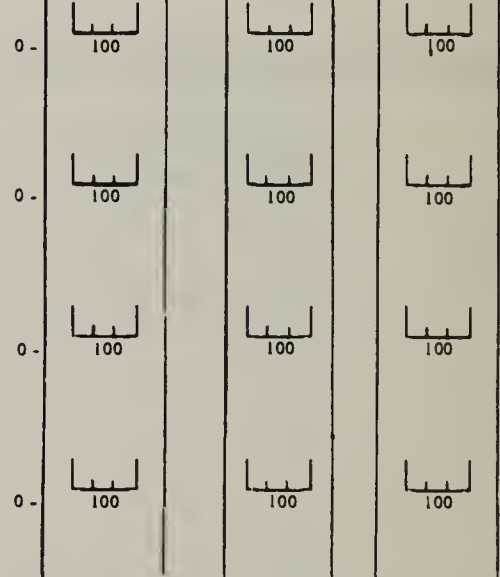
**FIGURES WITHIN EACH BOX MUST TOTAL 100.**

**Beverage**

Proportion of Consumption Involving Beer



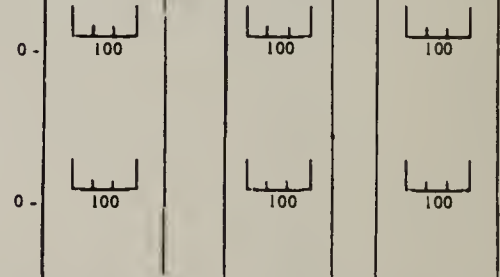
Proportion of Consumption Involving Wine



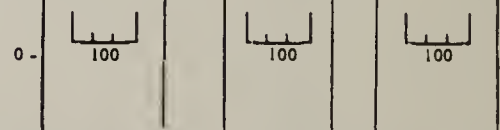
Proportion of Consumption Involving Fortified Wine



Proportion of Consumption Involving Liquor



Proportion of Consumption Involving Other Forms Of Alcohol (specify: \_\_\_\_\_)



**FIGURES WITHIN EACH BOX MUST TOTAL 100.**

	Past 30 Days	Past 90 Days	Past 360 Days
Number of Abstinent Days in a Protective Environment	0 - <input type="text" value="30"/>	<input type="text" value="90"/>	<input type="text" value="360"/>
Number of Days on Which Patient Drank Before Noon (note: exclude shiftworkers)	0 - <input type="text" value="30"/>	<input type="text" value="90"/>	<input type="text" value="360"/>
Longest Interval of Days Without a Drink	0 - <input type="text" value="30"/>	<input type="text" value="90"/>	<input type="text" value="360"/>
Number of Years of Problem Drinking	0 - 70		<input type="text" value="70"/>
Number of Years Patient Has Typically Consumed 5 or More Drinks on Drinking Days	0 - 70		<input type="text" value="70"/>
Time Elapsed Since Last Use of Alcohol	0 - 200 0 - 24	<input type="text" value="200"/>	<input type="text" value="24"/> days <input type="text" value="24"/> hours
Number of Drinks (since midnight) on Day of Assessment	0 - 20		<input type="text" value="20"/>
Number of Drinks on the Day Before Assessment	0 - 40		<input type="text" value="40"/>
<b>Recent Use (Drugs Other than Alcohol)</b>			
Time Elapsed Since Last Use of the Following Drugs: CNS stimulants, tranquilizers, narcotics, sedative-hypnotics, solvents, cannabis	0-200 0-24	<input type="text" value="200"/>	<input type="text" value="24"/> days <input type="text" value="24"/> hours
Drugs Used Other than Alcohol Since Midnight on Day of Assessment (specify)	_____		
Drugs Used on Day Before Assessment (specify)	_____		
Tendency to Substitute Alcohol for Drugs, or vice versa 1 = yes 2 = no			<input type="text" value="1"/>
<b>Tobacco Consumption</b>			
Current Average Number of Cigarettes Consumed Daily	0-100		<input type="text" value="100"/>

**IF ZERO, SKIP TO QUESTION ABOUT TIME ELAPSED SINCE QUITTING SMOKING (LAST QUESTION, NEXT PAGE).**

Curent Cigarette Brand Smoked (specify) \_\_\_\_\_

Is Current Brand Filtered

1 = yes, filtered

2 = no, unfiltered

Size of Current Brand

1 = king-size

2 = regular

Is Current Brand Mentholated

1 = menthol

2 = non-mentholated

Period during which Client Has Smoked Regularly

0-52

years

0-12

months

Period after Waking before Smoking First Cigarette

0-12

hours

0-60

minutes

(For ex-smokers only:) Time Elapsed since Quit Smoking

0-50

years

0-12

months

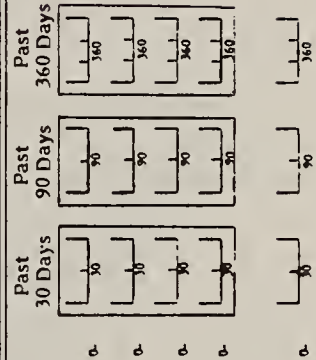
D. PRE-TREATMENT DRUG USE HISTORY

DRUG TYPE	Ever Used? 1 = no 2 = yes	Total Years Used 0-30	Most Typical Route of Administration 1 = oral 2 = sniffed 3 = injected 4 = smoked 5 = inhaled 6 = other	Year Last Used 19	Year of Heaviest Use 19	Days Used in Year of Heaviest Use 0-365	Number of Days Used in Preceding 30 90 360 Days Days Days	Typical Daily Frequency of Use in Preceding... 30 90 360 Days Days Days
	-USEDA	-YRUSA	-ROJTA	-LASTA	-YRHEVA	-DTHEVA	-DYIMA-DY3MA -DY1YA	-FQJMA -FQ3MA -FQ1YA
<b>CANNABIS:</b> marijuana, hashish, hash oil				19	19			
<b>STIMULANTS:</b> cocaine				19	19			
<b>STIMULANTS:</b> methamphetamine (e.g.: speed)				19	19			
<b>STIMULANTS:</b> others (e.g.: ritalin, diet pills or amphetamines)				19	19			
<b>DEPRESSANTS:</b> anti-anxiety drugs (e.g.: valium, librium)				19	19			
<b>DEPRESSANTS:</b> others, esp. sedative hypnotics (e.g.: Amytal, Dalmane)				19	19			
<b>NARCOTICS:</b> heroin				19	19			
<b>NARCOTICS:</b> methadone				19	19			
<b>NARCOTICS:</b> over-the-counter (e.g.: 222's)				19	19			
<b>NARCOTICS:</b> other (e.g.: opium, morphine, Demerol, Dilaudid)				19	19			
<b>INHALANTS:</b> glue, solvents, aerosols				19	19			
<b>INHALANTS:</b> volatile nitrates				19	19			
<b>HALLUCINOGENS:</b> LSD, PCP, STP, MDA, angel dust, mescaline, psilocybin, etc.				19	19			
<b>ANTI-ALCOHOL DRUGS:</b> antabuse temposil				19	19			
<b>OTHER:</b>				19	19			

NOTE: IF "EVER USED" IS 1 (NO) FOR ANY GIVEN LINE, THE REMAINDER OF THE LINE SHOULD BE LEFT BLANK.

USAGE SUMMARY

MELIMA, MEL3MA, MEL1YA Days on which no alcohol or drugs were used  
 ALDRIMA, ALDR3MA, ALDR1YA Days on which both alcohol and drugs were used  
 ALIMA, AL3MA, AL1YA Days on which only alcohol was used  
 DRIMA, DR3MA, DR1YA Days on which only drugs (not alcohol) were used  
 INJIMA, INJ3MA, INJ1YA Days on which any drug was injected



FIGURES WITHIN EACH BOX SHOULD ADD TO 30/90/360

E. ADVERSE CONSEQUENCES OF SUBSTANCE USE

	CNS		TRANQUILIZERS		NARCOTICS		SEDATIVE HYPNOTICS		SOLVENTS		CANNABIS		TOBACCO		Other:	Combination: (omit tobacco from combinations)	Combination:	Combination:
	ALCOHOL	STIMULANTS	TQ-ILLERS	NA-COTICS	HY-NOTICS	SV-NTS	CA-NABIS	TO-BACCO	X-									

Substance ever used

- 1 = no
- 2 = yes

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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NOTE: LEAVE SUBSEQUENT QUESTIONS BLANK FOR SUBSTANCES NOT USED.

Problem Areas (For each, code the highest number that applies)

Physical Health Impairment

(including overdose but not neurological problems unless neurological damage has been diagnosed)

- 0 = none
- 1 = doctor's health warning
- 2 = outpatient medical treatment for physical problem (illness or accident) related to substance use
- 3 = inpatient hospital treatment for physical problem (illness or accident) related to substance use

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Cognitive Impairment (acute or chronic)

(including blackouts or memory problems, forgetting, confusion, difficulty thinking)

- 0 = none
- 1 = once
- 2 = more than once

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Affective Impairment (acute or chronic)

(including flashbacks, substance-related psychoses, personality changes when using)

- 0 = none
- 1 = minor (impairment had no serious consequences on daily functioning)
- 2 = major (impairment had adverse consequences on daily functioning)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Tolerance

- 0 = no
- 1 = yes (increased dose necessary to get desired effect)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

	A L C O H O L S	C N S T I M U L A N T S	T R A N Q U I L I Z E R S	N A R C O T I C S	S E D A T I V E  H Y P N O T I C S	S O L V E N T S	C A N N A B I S	T O B A C C O	X- O t h e r	Com b i n a t i o n : (o m i t t o b a c c o f r o m c o m b i n a t i o n s)	Com b i n a t i o n : :	Com b i n a t i o n : :
<b>Felt Need</b> 0 = none 1 = mild (mild desire but no feeling of being dependent) 2 = strong (strong urge to use; feeling of being dependent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Interpersonal Problems</b> 0 = none 1 = minor (arguments or strained relationships only) 2 = major (relationships lost or about to be broken off because of substance use)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Aggression</b> 0 = none 1 = verbally abusive when using 2 = physically violent when using	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Vocational Problems</b> 0 = none 1 = performance affected (loss of time from work or reduced work capacity) 2 = boss complaining 3 = loss of job threatened, or actual loss of job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Legal Problems (Substance-Related Charges)</b> 0 = none 1 = charged only (case pending or dropped) 2 = convicted; non-custodial sentence 3 = convicted; custodial sentence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Financial Problems</b> 0 = none 1 = minor (spending too much) 2 = major (use of substance associated with significant loss of income, support of habit, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the past six months, have you experienced any of the following effects as a result of your use of alcohol or other drugs?

1 = Yes  
2 = No

(Note: Leave blank for substances which the client did not use.)

	A L C O H O L	C N S  S T I M U L A N T S	T R A N Q U I L I Z E R S	N A R C O T I C S	S E D A T I V E  H Y P N O T I C S	S O L V E N T S	C A N N A B I S	T O B A C C O	O T H E R
	AL-	ST-	TQ-	NA-	HY-	SV-	CA-	TO-	X-
Miss work (absenteeism)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neglect work on the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blackouts (loss of memory)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**WITHDRAWAL SYMPTOMS**

(Note: For each withdrawal symptom below, code whether or not this symptom ever occurred within a few hours or days after stopping the use of alcohol or other drugs over the past six months.)

1 = Yes  
2 = No

Unusual difficulty sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flu-like symptoms (runny nose, body aches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sick to stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid heart beat (palpitations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confusion or fuzzy thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weird or frightening sensations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shakes, tremors, sweating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual hallucinations (see things that were not there)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auditory hallucinations (heard things that were not there)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tactile hallucinations (felt things on your skin that were not there)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions, seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delirium Tremors, DT's (includes tremors, disorientation and hallucinations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actual number of discrete withdrawal episodes for each substance, past 6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

0-98



**F. INTELLECTUAL FUNCTIONING**

CLARKEA Clarke Vocabulary Scale

0-99; 999 = missing



**G. NEUROPSYCHOLOGICAL FUNCTIONING**

Digit Symbol

0-19



Trails A

0-600



Trails B

0-600



**CROSS-STUDY SHARED DATA BASE  
TREATMENT VARIABLES AND  
WITHIN-TREATMENT FUNCTIONING**

- Author:** Addiction Research Foundation
- Assessment Areas Covered:** Type of treatment, time in treatment, reason for termination, alcohol consumption in treatment, drug use in treatment
- Administration:** Structured interview completed by therapist, at in-treatment
- Design Features:** Multiple-choice items
- Abstract:** This questionnaire was developed by scientists of the Addiction Research Foundation. It is completed by the therapist, detailing the type of treatment received by the client and the clinical course of the treatment. Research suggests that both pretreatment variables and the type of within-treatment variables assessed by this form are related to client outcome. An instruction manual for therapists is available on request to the Foundation.
- Related Published Reports:** Annis, H.M. A basic assessment package. In: Glaser, F.B.; Skinner, H.A.; Pearlman, S.; Segal, R.L.; Sisson, B.; Ogborne, A.C.; Bohnen, E.; Gazda, P.; and Zimmerman, T., eds. A System of Health Care Delivery. Vol. II. Toronto: Addiction Research Foundation, 1984.
- Availability Source:** Helen M. Annis, Ph.D., Clinical Institute, Addiction Research Foundation, 33 Russell Street, Toronto, Ontario, Canada M5S 2S1
- Copyright:** Copyright 1982 by the Addiction Research Foundation. Reproduced with permission by the U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Alcohol Abuse and Alcoholism. Further reproduction is prohibited without permission of the copyright holder.

CROSS-STUDY SHARED DATA BASE  
TREATMENT VARIABLES AND WITHIN-TREATMENT FUNCTIONING

IDENTIFYING INFORMATION:

PATIENT NAME: \_\_\_\_\_

--	--	--	--	--	--	--	--	--	--

PATIENT NUMBER

3730131  
FORM ID

--	--	--	--	--

YR MO DY  
OF ADMINISTRATION

STAFF NAME: \_\_\_\_\_

TYPE OF TREATMENT (check one)  
TYPTRT

- 01 R. L. P. Control  08
- 02 R. L. P. Experimental
- 03
- 04
- 05
- 06
- 07  88 other (specify: \_\_\_\_\_)

IF OUTPATIENT:

- Number of appointments kept
- Number of appointments missed
- Number of hours of contact
- Time elapsed in treatment, in weeks

IF INPATIENT:

Length of inpatient stay, in days

- |                                         |                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Reason for termination:<br>(choose one) | 1 = patient and therapist agree treatment successfully completed<br>2 = patient and therapist agree on premature termination<br>3 = transferred to external agency<br>4 = transferred to another ARF program<br>5 = failed to return for scheduled appointment<br>6 = left against staff advice<br>7 = rule or contract violation<br>8 = other (specify: _____) <input style="width: 60px;" type="text"/> |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

(Please use the following rating scale for the next 8 questions:

- |                                                                              |                                                                             |  |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--|
| 1 = not a problem at discharge                                               | 3 = serious problem                                                         |  |
| 2 = some problem                                                             | 9 = not known                                                               |  |
| Abstaining/controlling alcohol use <input style="width: 30px;" type="text"/> | Marital and family relationships <input style="width: 30px;" type="text"/>  |  |
| Abstaining/controlling drug use <input style="width: 30px;" type="text"/>    | Other interpersonal relationships <input style="width: 30px;" type="text"/> |  |
| Finding/maintaining employment <input style="width: 30px;" type="text"/>     | Legal involvements <input style="width: 30px;" type="text"/>                |  |
| Finding/maintaining accommodation <input style="width: 30px;" type="text"/>  | Other (specify: _____) <input style="width: 30px;" type="text"/>            |  |

Therapist's rating of extent to which treatment goals were achieved

- 1 = largely achieved
- 2 = somewhat achieved
- 3 = not achieved

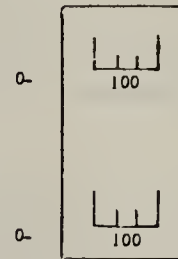
Therapist's rating of patient prognosis

- 1 = excellent
- 2 = good
- 3 = fair
- 4 = poor

### ALCOHOL CONSUMPTION

During Treatment

% of Abstinent Days

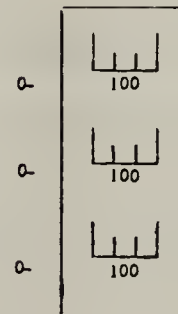


% of Drinking Days

FIGURES WITHIN BOX MUST TOTAL 100

### Consumption Levels

% of Days on Which 1 to 4 Drinks Were Consumed



% of Days on Which 5 to 9 Drinks Were Consumed

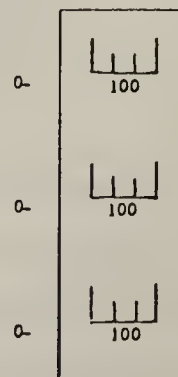
% of Days on Which 10 or More Drinks Were Consumed

FIGURES WITHIN BOX MUST TOTAL 100

### Social Context

During Treatment

% of Time Spent Drinking Alone



% of Time Spent Drinking with Others Who Drank More than Patient

% of Time Spent Drinking with Others Who Drank Less than Patient

FIGURES WITHIN BOX MUST TOTAL 100

Beverage

During  
Treatment

% of Consumption Involving Beer

0



% of Consumption Involving Wine

0



% of Consumption Involving  
Fortified Wine

0



% of Consumption Involving Liquor

0



% of Consumption Involving Other Forms  
Of Alcohol (specify: \_\_\_\_\_)

0



FIGURES WITHIN BOX MUST TOTAL 100

WITHIN TREATMENT DRUG USE

DRUG TYPE	Used During Treatment?	Most Typical Route of Administration 1 = oral    4 = smoked 2 = sniffed    5 = inhaled 3 = injected    6 = other	Percentage of Treatment Days Used	Typical Daily Frequency of Use During Treatment
	1 = no 2 = yes - USED			
CANNABIS: marijuana, hashish, hash oil CN-				
STIMULANTS: cocaine CO-				
STIMULANTS: methamphetamine (e.g.: speed) SP-				
STIMULANTS: others (e.g.: ritalin, diet pills or amphetamines) OS-				
DEPRESSANTS: anti-anxiety drugs (e.g.: valium, librium) VA-				
DEPRESSANTS: others, esp. sedative hypnotics (e.g.: Amytal, Delmane) OD-				
NARCOTICS: heroin HE-				
NARCOTICS: methadone MD-				
NARCOTICS: over-the-counter (e.g.: 222's) NO-				
NARCOTICS: other (e.g.: opium, morphine, Demerol, Dilaudid) OC-				
INHALANTS: glue, solvents, aerosols IH-				
INHALANTS: volatile nitrates NI-				
HALLUCINOGENS: LSD, PCP, STP, MDA, angel dust, mescaline, psilocybin, etc. HA-				
ANTI-ALCOHOL DRUGS: antabuse, temposil AN-				
OTHER: Specify _____ OT-				

NOTE: IF "EVER USED" IS 1 (NO) FOR ANY GIVEN LINE, THE REMAINDER OF THE LINE SHOULD BE LEFT BLANK.

USAGE SUMMARY

- % of days on which no alcohol or drugs were used
- % of days on which both alcohol and drugs were used
- % of days on which only alcohol was used
- % of days on which only drugs (not alcohol) were used
- % of days on which any drug was injected

0	100
0	100
0	100
0	100

FIGURES WITHIN BOX SHOULD ADD TO 100

0	100
---	-----

## CROSS-STUDY SHARED DATA BASE FOLLOW-UP INTERVIEW

- Author: Addiction Research Foundation
- Assessment Areas Covered: Demographics, life history, legal, employment, social relationships, treatment history, alcohol consumption, tobacco consumption, drug use, adverse consequences, withdrawal symptoms, client satisfaction, recreational activities, physical health
- Administration: Interview format, at followup
- Design Features: Multiple-choice items
- Abstract: This questionnaire was developed by scientists of the Addiction Research Foundation. It is intended to serve as a followup interview for clients after discharge from an alcoholism treatment program. The questions included mirror the information collected at intake on the Cross-Study Shared Data Base Intake Interview. The parallel nature of the items permits a comparison of the client's status at intake to his or her status following treatment.
- The questionnaire has been used by a number of investigators conducting treatment research studies in the Clinical Institute of the Addiction Research Foundation. An instruction manual for interviewers is available on request to the Foundation.
- Related Published Reports: Annis, H.M. A basic follow-up package. In: Glaser, F.B.; Skinner, H.A.; Pearlman, S.; Segal, R.L.; Sisson, B.; Ogborne, A.C.; Bohnen, E.; Gazda, P.; and Zimmerman, T., eds. A System of Health Care Delivery. Vol. III. Toronto: Addiction Research Foundation, 1984.
- Availability Source: Helen M. Annis, Ph.D., Clinical Institute, Addiction Research Foundation, 33 Russell Street, Toronto, Ontario, Canada M5S 2S1
- Copyright: Copyright 1982 by the Addiction Research Foundation. Reproduced with permission by the U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Alcohol Abuse and Alcoholism. Further reproduction is prohibited without permission of the copyright holder.

**CROSS-STUDY  
SHARED DATA BASE  
FOLLOW-UP INTERVIEW**

PATIENT NUMBER

3740111  
FORM ID

YR  MO  DY  
DATE ADMINISTERED

\_\_\_\_\_  
PATIENT NAME

(check 1:)  6 mo.  12 mo.  18 mo. after end of treatment  
(-F1) (-F2) (-F3)

\_\_\_\_\_  
NAME OF STAFF-MEMBER COMPLETING FORM

**A. DEMOGRAPHIC AND LIFE HISTORY CHARACTERISTICS**

**Social Stability Index**

Present Accommodation	1 = own house 2 = apartment or rented house 3 = room 4 = institution 5 = no fixed address (incl. hostel) 6 = other: _____	<input type="checkbox"/>
Frequency of Family Contact Over Past 6 Months  With Whom: Specify _____	1 = daily 2 = weekly 3 = monthly 4 = less than monthly 5 = none	<input type="checkbox"/>
Can Return to Live with Family	1 = yes 2 = uncertain 3 = no 8 = does not apply	<input type="checkbox"/>
Presently Employed	1 = yes 2 = no 8 = does not apply	<input type="checkbox"/>
Number of Months Employed Full Time or Part Time, Past 6 Months	0-6	<input type="checkbox"/>
Number of Job Changes, Past 6 Months	0-15	<input type="checkbox"/>
Current Legal Status	1 = no problems 2 = awaiting trial 3 = on probation or parole 4 = in jail	<input type="checkbox"/>
Times Moved in the Past 6 Months	0-10	<input type="checkbox"/>



Times Lost Accommodation Due to Alcohol or Drug Use, Past 6 Months

0-10

**Legal History**

Days Incarcerated, Past 6 Months

0-190

Number of Convictions for Alcohol and Drug Offenses, Past 6 Months

0-10

**Employment History**

Personal Income (to nearest thousand dollars), Past 6 Months

0-100

Weeks on Welfare or U.I.C., Past 6 Months

0-26

Family Income (to nearest thousand dollars), Past 6 Months

0-100

Number of Times Patient Lost Jobs Due to Alcohol or Drug Use, Past 6 Months

0-10

**Treatment History**

Indicate the number of times the patient has received each of the four treatment categories during the past 6 months, for each substance problem:

Substance:

Frequency during Past 6 Months

Detox

Overdose

Outpatient

Inpatient

-OX6M-)

-OD6M-)

-OT6M-)

-IP6M-)

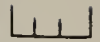
Alcohol Only  
(AL-

Other Drug Only (specify: \_\_\_\_\_)  
(DR-

Alcohol and Other Drug (specify drug: \_\_\_\_\_)  
(AD-

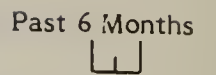
Days in Hospital for Alcohol or Drug-Related Problems

0-190



Number of Hospital Admissions NOT Related to Alcohol or Drug Use

0-10



Times attended A.A.

0-190



**B. ALCOHOL CONSUMPTION**

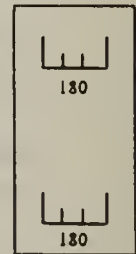
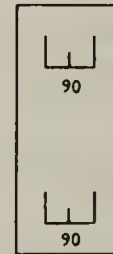
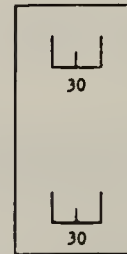
Past 30 Days

Past 90 Days

Past 180 Days

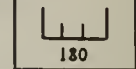
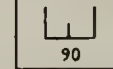
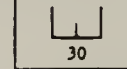
Abstinent Days

0-



Drinking Days

0-



**FIGURES WITHIN EACH BOX MUST TOTAL:**

**30**

**90**

**180**

**Consumption Levels**

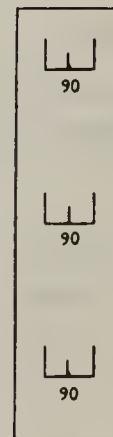
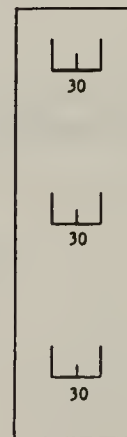
Past 30 Days

Past 90 Days

Past 180 Days

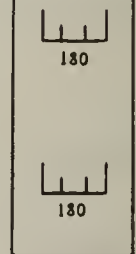
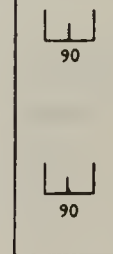
Days on Which 1 to 4 Drinks Were Consumed

0-



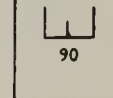
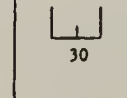
Days on Which 5 to 9 Drinks Were Consumed

0-



Days on Which 10 or More Drinks Were Consumed

0-



**FIGURES WITHIN EACH BOX MUST TOTAL TO THE CORRESPONDING NUMBER OF DRINKING DAYS ABOVE**

Average Number of Drinks Consumed on Drinking Days When More Than 10 Drinks Were Consumed



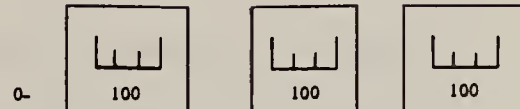
Drinking Style

- 1 = weekend
- 2 = binge
- 3 = steady
- 4 = other: \_\_\_\_\_

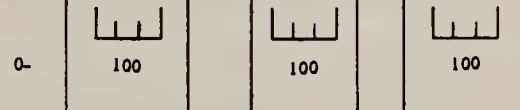


**Social Context**

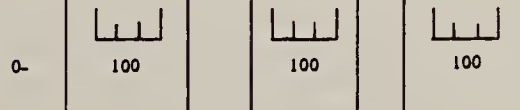
Percent of Time Spent Drinking Alone



Percent of Time Spent Drinking with Others Who Drank More than Patient



Percent of Time Spent Drinking with Others Who Drank Less than Patient



**FIGURES WITHIN EACH BOX MUST TOTAL 100.**

Beverage

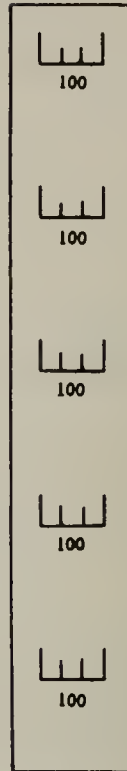
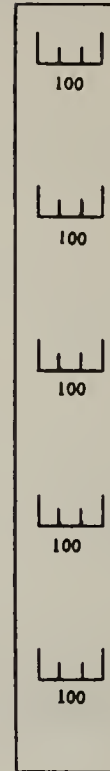
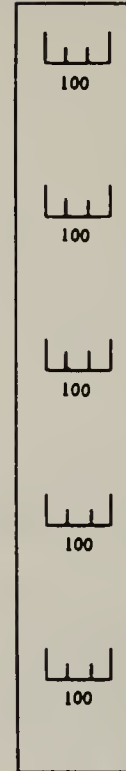
Past  
30 Days

Past  
90 Days

Past  
180 Days

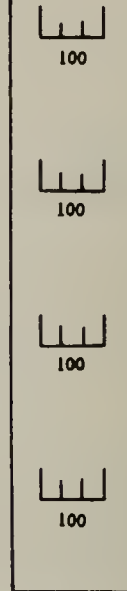
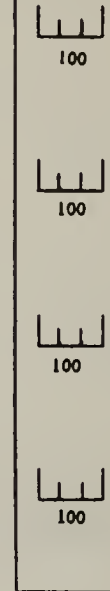
Proportion of Consumption Involving Beer

0-



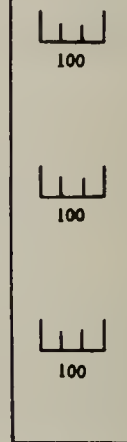
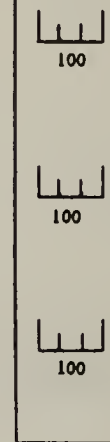
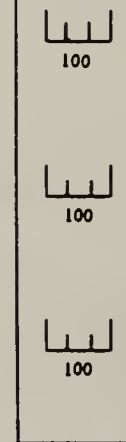
Proportion of Consumption Involving Wine

0-



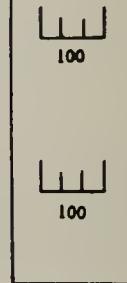
Proportion of Consumption Involving Fortified Wine

0-



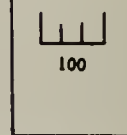
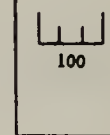
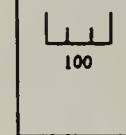
Proportion of Consumption Involving Liquor

0-



Proportion of Consumption Involving Other Forms Of Alcohol (specify: \_\_\_\_\_)

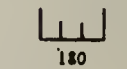
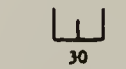
0-



FIGURES WITHIN EACH BOX MUST TOTAL 100.

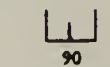
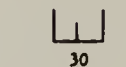
Number of Abstinent Days in a Protective Environment

0-



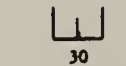
Number of Days on Which Patient Drank Before Noon

0-



Longest Interval of Days Without a Drink

0-



Time Elapsed Since Last Use of Alcohol

0-200  
0-24

days |  
hours |



Number of Drinks (since midnight) on Day of Interview

0-20



Number of Drinks on the Day Before Interview

0-40



C. FOLLOW-UP DRUG USE HISTORY

DRUG TYPE	Used During Past 6 Months 1 = no 2 = yes	Most Typical Route of Administration 1 = oral 4 = smoked 2 = sniffed 5 = inhaled 3 = injected 6 = other	Number of Days Used in Preceding...			Typical Daily Frequency of Use in Preceding...		
			30 Days	90 Days	180 Days	30 Days	90 Days	180 Days
	-USED-	-ROUT-	-DY1M-	-DY3M-	-DY6M-	-FQ1M-	-FQ3M-	-FQ6M-
CANNABIS: marijuana, hashish, hash oil	CN-							
STIMULANTS: cocaine	CO-							
STIMULANTS: methamphetamine (e.g.: speed)	SP-							
STIMULANTS: others (e.g.: ritalin, diet pills or amphetamines)	OS-							
DEPRESSANTS: anti-anxiety drugs (e.g.: valium, librium)	VA-							
DEPRESSANTS: others, esp. sedative hypnotics (e.g.: Amytal, Dalmane)	OD-							
NARCOTICS: heroin	HE-							
NARCOTICS: methadone	MD-							
NARCOTICS: over-the-counter (e.g.: 222's)	NO-							
NARCOTICS: other (e.g.: opium, morphine, Demerol, Dilaudid)	OC-							
INHALANTS: glue, solvents, aerosols	IH-							
INHALANTS: volatile nitrates	NI-							
HALLUCINOGENS: LSD, PCP, STP, MDA, angel dust, mescaline, psilocybin, etc.	HA-							
ANTI-ALCOHOL DRUGS: antabuse, temposil	AN-							
OTHER: Specify: _____	OT-							

NOTE: IF "EVER USED" IS 1 (NO) FOR ANY GIVEN LINE, THE REMAINDER OF THE LINE SHOULD BE LEFT BLANK.

USAGE SUMMARY

	Past 30 Days	Past 90 Days	Past 180 Days
Days on which <u>no</u> alcohol or drugs were used	<input type="text" value="30"/>	<input type="text" value="90"/>	<input type="text" value="180"/>
Days on which <u>both</u> alcohol and drugs were used	<input type="text" value="30"/>	<input type="text" value="90"/>	<input type="text" value="180"/>
Days on which only <u>alcohol</u> was used	<input type="text" value="30"/>	<input type="text" value="90"/>	<input type="text" value="180"/>
Days on which only <u>drugs</u> (not alcohol) were used	<input type="text" value="30"/>	<input type="text" value="90"/>	<input type="text" value="180"/>

FIGURES WITHIN EACH BOX SHOULD ADD TO 30/90/180 (RESPECTIVELY, LEFT TO RIGHT)

Days on which any drug was <u>injected</u>	<input type="text" value="30"/>	<input type="text" value="90"/>	<input type="text" value="180"/>
--------------------------------------------	---------------------------------	---------------------------------	----------------------------------

D.

**ADVERSE CONSEQUENCES OF SUBSTANCE USE**

Substance Used in Past 6 Months

- 1 = yes
- 2 = no

	CNS	TRANQUILIZERS	NARCOTICS	HYPNOTICS	SEDATIVE	SOLVENTS	CANNABIS	TOBACCO	Other:	Combination:	Combination:	Combination:
	AL-	ST-	TQ-	NA-	HY-	SV-	CA-	TO-	X-			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NOTE: LEAVE SUBSEQUENT QUESTIONS BLANK FOR SUBSTANCES NOT USED.**

Problem Areas (For each, code the highest number that applies)

**Physical Health Impairment**

(including overdose but not neurological problems unless neurological damage has been diagnosed)

- 0 = none
- 1 = doctor's health warning
- 2 = outpatient medical treatment for physical problem (illness or accident) related to substance use
- 3 = inpatient hospital treatment for physical problem (illness or accident) related to substance use

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

**Cognitive Impairment (acute or chronic)**

(including flashbacks, substance-related psychoses, personality changes when using)

- 0 = none
- 1 = once
- 2 = more than once

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

**Affective Impairment (acute or chronic)**

- 0 = none
- 1 = minor (impairment had no important effect on daily functioning)
- 2 = major (impairment had adverse consequences on daily functioning)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

**Tolerance**

- 1 = no
- 2 = yes (increased dose necessary to get desired effect)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

	A L C O H O L	C N S	T R A N Q U I L I Z E R S	N A R C O T I C S	S E D A T I V E	S O L V E N T S	C A N N A B I S	T O B A C C O	Other:	Combination:	Combination:	Combination:
	AL-	ST-	TQ-	NA-	HY-	SV-	CA-	TO-	X-			
<b>Felt Need</b> 0 = none 1 = mild (mild desire but no feeling of being dependent) 2 = strong (strong urge to use; feeling of being dependent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Interpersonal Problems</b> 0 = none 1 = minor (arguments or strained relationships only) 2 = major (relationships lost or about to be broken off because of substance use)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Aggression</b> 0 = none 1 = verbally abusive when using 2 = physically violent when using	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Vocational Problems</b> 0 = none 1 = performance affected (lost time or reduced capacity) 2 = boss complaining 3 = loss of job threatened, or actual loss of job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Legal Problems (Substance-Related Charges)</b> 0 = none 1 = charged only (case pending or dropped) 2 = convicted; non-custodial sentence 3 = convicted; custodial sentence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Financial Problems</b> 0 = none 1 = minor (spending too much) 2 = major (use of substance associated with significant loss of income, support of habit, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the past six months, have you experienced any of the following effects as a result of your use of alcohol or other drugs?

1 = Yes  
2 = No

(Note: Leave blank for substances which the client did not use.)

	A L C O H O L S A L-	C N S T I M U L A N T S S T-	T R A N Q U I L I Z E R S T Q-	N A R C O T I C S N A-	S E D A T I V E H Y P N O T I C S H Y-	S O L V E N T S S V-	C A N N A B I S C A-	T O B A C C O T O-	O T H E R X-
Miss work (absenteeism)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neglect work on the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blackouts (loss of memory)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**WITHDRAWAL SYMPTOMS**

(Note: For each withdrawal symptom below, code whether or not this symptom ever occurred within a few hours or days after stopping the use of alcohol or other drugs over the past six months.)

1 = Yes  
2 = No

Unusual difficulty sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flu-like symptoms (runny nose, body aches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sick to stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid heart beat (palpitations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confusion or fuzzy thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weird or frightening sensations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shakes, tremors, sweating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual hallucinations (see things that were not there)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auditory hallucinations (heard things that were not there)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tactile hallucinations (felt things on your skin that were not there)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions, seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delirium Tremors, DT's (includes tremors, disorientation and hallucinations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actual number of discrete withdrawal episodes for each substance, past 6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

0-98



**Recent Use (Drugs)**

Time Elapsed Since Last Use of Any Drug 0-200  days

Drugs Used Since Midnight on Day of Assessment 0-24  hours

Drugs Used on Day Before Assessment (specify) \_\_\_\_\_

Tendency to Substitute Alcohol for Drugs, or vice versa  
1 = yes  
2 = no

**Tobacco Consumption**

Current Average Number of Cigarettes Consumed Daily 0-100

**IF ZERO, SKIP TO SECTION E BELOW.**

Current Cigarette Brand Smoked (specify) \_\_\_\_\_

Is Current Brand Filtered  
1 = yes, filtered  
2 = no, unfiltered

Size of Current Brand  
1 = king-size  
2 = regular

Is Current Brand Mentholated  
1 = menthol  
2 = non-mentholated

Has Patient Attempted to Reduce Smoking during the Past Six Months?  
1 = yes  
2 = no

If "Yes", How Successful Was the Attempt?  
1 = not successful  
2 = some reduction  
3 = abstinent

**E. NEUROPSYCHOLOGICAL FUNCTIONING**

Digit Symbol 0-19

Trails A 0-600

Trails B 0-600

**F. BAL**

Blood Alcohol Level at Time of Interview .000 - .400

**G. URINALYSIS**

Alcohol Detected in Urine Sample

1 = yes  
2 = no  
3 = not done

**H. PATIENT'S SITUATION, BEHAVIOUR, AND ATTITUDES AT THE FOLLOW-UP INTERVIEW**

Time Interview Began (24-hr. clock)

Time Interview Finished

**Interview Ratings**

Using the Following Scale

1	2	3	4	5
—————				
VERY LOW				VERY HIGH

Rate Each of the Following:

- Disruptiveness of Interview Setting
- Cooperativeness of Patient
- Evidence of Withdrawal Symptoms

Evidence of Patient under the Influence of Alcohol or Drugs

1 = certain  
2 = suspicious  
3 = none

**Patient's Evaluation of Treatment**

Patient Overall Satisfaction with ARF Services

1 = very satisfactory  
2 = satisfactory  
3 = neutral  
4 = unsatisfactory  
5 = very unsatisfactory

Would Patient Return to ARF?

1 = yes  
2 = no

Effects of Treatment on Alcohol or Drug Use

1 = decreased use  
2 = no effect  
3 = increased use

Effects on Other Aspects of Life

1 = made better  
2 = no effect  
3 = made worse

Needs Further Help or Treatment

1 = yes (specify: \_\_\_\_\_)  
2 = no

Confidence in Future Control of Alcohol or Drug Use

1 = very confident  
2 = somewhat confident  
3 = neutral  
4 = somewhat unconfident  
5 = not confident

## Involvement with Alcohol or Drug Abusers

Number of Friends/Acquaintances Who Abuse Alcohol or Other Drugs

0-50

Frequency of Contact with Alcohol/Drug Abusers

- 1 = none
- 2 = less than monthly
- 3 = monthly
- 4 = weekly
- 5 = daily

## Frequency of Recreational Activities

Home Entertainment

Out-of-Home Entertainment

Visiting Friends

Playing Games

Playing Sports

Hobbies

Club or Group

- 1 = none
- 2 = less than monthly
- 3 = monthly
- 4 = weekly
- 5 = daily

## Health

Rating of Psychological Health

- 1 = good
- 2 = fair
- 3 = poor

Rating of Physical Health

- 1 = good
- 2 = fair
- 3 = poor

## INVENTORY OF DRINKING SITUATIONS

- Author: Helen M. Annis
- Assessment Areas Covered: Unpleasant/pleasant emotions, physical discomfort, social relationships, decision to drink/not drink, conflict with others, pressure from others to drink, behavioral aspects of drinking
- Administration: Self-administered (10 minutes), at screening, in-treatment, and followup
- Design Features: 42 multiple-choice questions
- Abstract: The Inventory of Drinking Situations (IDS) Short Form is a 42-item self-report questionnaire that provides a profile of the situations in which a client drank heavily over the past year. Eight categories of drinking situations are assessed.
- The empirical factor structure of the IDS has been explored, and norms for the Short Form have been established. A manual containing this information is available from the author.
- The Inventory is intended to be completed at the beginning of therapy to yield a profile of the types of situations that are most problematic for a client in terms of the risk of excessive drinking. Studies have shown that the typical profile of drinking situations varies across age and sex. This situational diagnosis of a client's drinking problem has been used to tailor behavioral treatment programs to the presenting needs of clients in the Clinical Institute of the Addiction Research Foundation.
- Related Published Reports: Annis, H.M. A relapse prevention model for treatment of alcoholics. In: Miller, W.R., and Heather, N. Treating Addictive Behaviors: Processes of Change. New York: Plenum Press, in press.
- Availability Source: Helen M. Annis, Ph.D., Clinical Institute, Addiction Research Foundation, 33 Russell Street, Toronto, Ontario, Canada M5S 2S1
- Copyright: Copyright 1984 by Helen M. Annis. Reproduced with permission by the U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Alcohol Abuse and Alcoholism. Further reproduction is prohibited without permission of the copyright holder.

# INVENTORY OF DRINKING SITUATIONS

## SHORT FORM

Listed below are a number of situations or events in which some people drink heavily.

Read each item carefully, and answer in terms of your own drinking over the past year.

If you "NEVER" drank heavily in that situation, circle "1"  
 If you "RARELY" drank heavily in that situation, circle "2"  
 If you "FREQUENTLY" drank heavily in that situation, circle "3"  
 If you "ALMOST ALWAYS" drank heavily in that situation, circle "4"

		I DRANK HEAVILY			
		Never	Rarely	Frequently	Almost Always
1.	When I had an argument with a friend.	1	2	3	4
2.	When I felt uneasy in the presence of someone.	1	2	3	4
3.	When someone criticized me.	1	2	3	4
4.	When I would have trouble sleeping.	1	2	3	4
5.	When I wanted to heighten my sexual enjoyment.	1	2	3	4
6.	When other people around me made me tense.	1	2	3	4
7.	When I would be out with friends and they would stop by a bar for a drink.	1	2	3	4
8.	When I wanted to feel closer to someone I liked.	1	2	3	4
9.	When I felt that I had let myself down.	1	2	3	4
10.	When other people treated me unfairly.	1	2	3	4
11.	When I would remember how good it tasted.	1	2	3	4
12.	When I felt confident and relaxed.	1	2	3	4
13.	When I would convince myself that I was a new person now and could take a few drinks.	1	2	3	4
14.	When I would pass by a liquor store.	1	2	3	4
15.	When I felt drowsy and wanted to stay alert.	1	2	3	4
16.	When I would be out with friends "on the town" and wanted to increase my enjoyment.	1	2	3	4
17.	When I would unexpectedly find a bottle of my favourite booze.	1	2	3	4
18.	When other people didn't seem to like me.	1	2	3	4

I DRANK HEAVILY

	Never	Rarely	Frequently	Almost Always
19. When I felt nauseous.	1	2	3	4
20. When I would wonder about my self-control over alcohol and would feel like having a drink to try it out.	1	2	3	4
21. When other people interfered with my plans.	1	2	3	4
22. When everything was going well.	1	2	3	4
23. When I would be at a party and other people would be drinking.	1	2	3	4
24. When pressure would build up at work because of the demands of my supervisor.	1	2	3	4
25. When I was afraid that things weren't going to work out.	1	2	3	4
26. When I felt satisfied with something I had done.	1	2	3	4
27. When I would be in a restaurant and the people with me would order drinks.	1	2	3	4
28. When I wanted to celebrate with a friend.	1	2	3	4
29. When I was angry at the way things had turned out.	1	2	3	4
30. When I would feel under a lot of pressure from family members at home.	1	2	3	4
31. When something good would happen and I would feel like celebrating.	1	2	3	4
32. When I would start to think that just one drink could cause no harm.	1	2	3	4
33. When I felt confused about what I should do.	1	2	3	4
34. When I would meet a friend and he/she would suggest that we have a drink together.	1	2	3	4
35. When I was not getting along well with others at work.	1	2	3	4
36. When I would be enjoying myself at a party and wanted to feel even better.	1	2	3	4
37. When I would suddenly have an urge to drink.	1	2	3	4
38. When I wanted to prove to myself that I could take a few drinks without becoming drunk.	1	2	3	4

I DRANK HEAVILY

	Never	Rarely	Frequently	Almost Always
39. When there were fights at home.	1	2	3	4
40. When there were problems with people at work.	1	2	3	4
41. When I would be relaxed with a good friend and wanted to have a good time.	1	2	3	4
42. When my stomach felt like it was tied in knots.	1	2	3	4

## OUTCOME EXPECTANCIES QUESTIONNAIRE

- Author: Helen M. Annis
- Assessment Areas Covered: Expectancies of treatment outcome
- Administration: Self-administered (5 minutes), at in-treatment and followup
- Design Features: 20 items, multiple-choice
- Abstract: The measurement of outcome expectancies of alcoholics in treatment has been recognized as an important area for development. There is considerable controversy about the separate and joint contribution of outcome expectancies and efficacy expectancies (self-efficacy) in the prediction of future drinking behavior of clients undergoing treatment. It is likely that the two classes of expectancy may be differentially important as a function of the specific presenting problem of the client.
- The Outcome Expectancies Questionnaire was designed as a measure of a client's degree of positive and negative expectations of outcome of their treatment for alcohol problems. This type of measure has been found to be predictive of actual outcome of treatment.
- Related Published Reports: None
- Availability Source: Helen M. Annis, Ph.D., Clinical Institute, Addiction Research Foundation, 33 Russell Street, Toronto, Ontario, Canada M5S 2S1
- Copyright: Copyright 1984 by Helen M. Annis, Addiction Research Foundation. Reproduced with permission by the U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Alcohol Abuse and Alcoholism. Further reproduction is prohibited without permission of the copyright holder.



OUTCOME EXPECTANCIES QUESTIONNAIRE

If I could get my drinking under control,

- |                                                 |          |           |       |          |         |          |       |           |          |
|-------------------------------------------------|----------|-----------|-------|----------|---------|----------|-------|-----------|----------|
| I would feel better about myself                | unlikely | extremely | quite | slightly | neither | slightly | quite | extremely | unlikely |
| I would feel less depressed                     | unlikely | extremely | quite | slightly | neither | slightly | quite | extremely | unlikely |
| I would avoid hangovers and blackouts           | unlikely | extremely | quite | slightly | neither | slightly | quite | extremely | unlikely |
| I would feel more inhibited                     | unlikely | extremely | quite | slightly | neither | slightly | quite | extremely | unlikely |
| I would feel less relaxed (more tense)          | unlikely | extremely | quite | slightly | neither | slightly | quite | extremely | unlikely |
| I would be more anxious<br>in social situations | unlikely | extremely | quite | slightly | neither | slightly | quite | extremely | unlikely |
| I would be less aggressive                      | unlikely | extremely | quite | slightly | neither | slightly | quite | extremely | unlikely |
| I would feel more in control of myself          | unlikely | extremely | quite | slightly | neither | slightly | quite | extremely | unlikely |
| I would feel less self-confident                | unlikely | extremely | quite | slightly | neither | slightly | quite | extremely | unlikely |
| I would be less talkative                       | unlikely | extremely | quite | slightly | neither | slightly | quite | extremely | unlikely |
| I would remember things better                  | unlikely | extremely | quite | slightly | neither | slightly | quite | extremely | unlikely |
| I would feel discomfort in my stomach           | unlikely | extremely | quite | slightly | neither | slightly | quite | extremely | unlikely |
| I would think more clearly                      | unlikely | extremely | quite | slightly | neither | slightly | quite | extremely | unlikely |
| I would feel less sociable                      | unlikely | extremely | quite | slightly | neither | slightly | quite | extremely | unlikely |
| I would argue less                              | unlikely | extremely | quite | slightly | neither | slightly | quite | extremely | unlikely |
| I would enjoy myself less                       | unlikely | extremely | quite | slightly | neither | slightly | quite | extremely | unlikely |
| I would become more irritable                   | unlikely | extremely | quite | slightly | neither | slightly | quite | extremely | unlikely |
| I would worry more about things                 | unlikely | extremely | quite | slightly | neither | slightly | quite | extremely | unlikely |
| I would express my feelings more                | unlikely | extremely | quite | slightly | neither | slightly | quite | extremely | unlikely |
| I would enjoy sex more                          | unlikely | extremely | quite | slightly | neither | slightly | quite | extremely | unlikely |

## CLIENT SATISFACTION QUESTIONNAIRE

- Authors:** C. Clifford Attkisson, Gregory Pascoe, Maurice LeVois, Daniel L. Larsen, Wm. A. Hargreaves, Tuan Nguyen, and Rebecca Zwick
- Assessment Areas Covered:** Client satisfaction
- Administration:** Self-administered, at in-treatment and followup
- Design Features:** Short version uses four-point bipolar scales; longer versions use bipolar scales, multiple-choice, and open-ended questions.
- Abstract:** The Client Satisfaction Questionnaire has been developed over the past 10 years at Clifford Attkisson's Evaluation Research Laboratory at the University of California, San Francisco. A major purpose of client satisfaction research and the CSQ is to broaden the scope of client participation in the evaluation of human service programs. The CSQ is available in three forms: the CSQ-8 is used for program evaluation purposes as a global scale; the CSQ-18 (parallel forms A and B) is used in research and for program evaluation purposes; and the CSQ-31 is a long scale used mainly for research and scale development purposes. The CSQ has been translated into Spanish, Chinese, Tagalog, and Dutch. In assessing the SEQ, Nguyen et al. (1983) concluded that "the SEQ is an efficiently administered instrument that (a) has excellent internal consistency, (b) is well-received by patients, service providers, and administrators, (c) is applicable to a wide range of service settings, and (d) has psychometric properties that are stable across many independent studies."
- Related Published Reports:** Attkisson, C.C., and Pascoe, G.C., eds. Patient satisfaction in health and mental health services. Evaluation and Program Planning, 6(3&4): entire volume, 1984.
- Nguyen, T.D.; Attkisson, C.C., and Stegner, B.L. Assessment of patient satisfaction: Development and refinement of a service evaluation questionnaire. Evaluation and Program Planning, 6:299-314, 1983.
- Roberts, R.E., and Attkisson, C.C. Assessing client satisfaction among Hispanics. Evaluation and Program Planning, 6:401-413, 1983.
- Roberts, R.E.; Attkisson, C.C.; and Stegner, B.L. A client satisfaction scale suitable for use with Hispanics? Hispanic Journal of Behavioral Sciences, 5(4):461-476, 1983.
- Attkisson, C.C., and Zwick, R. The Client Satisfaction Questionnaire, psychometric properties and correlations with service utilization and psychotherapy outcome. Evaluation and Program Planning, 5:233-237, 1982.
- LeVois, M.; Nguyen, T.D.; and Attkisson, C.C. Artifact in client satisfaction assessment, experience in community mental health settings. Evaluation and Program Planning, 4:139-150, 1981.
- Larsen, D.L.; Attkisson, C.C.; Hargreaves, W.A.; and Nguyen, T.D. Assessment of client/patient satisfaction: Development of a general scale. Evaluation and Program Planning, 2:197-207, 1979.

Availability Source: C. Clifford Attkisson, Ph.D., Professor of Medical Psychology, University of California, San Francisco, Box 33-C, 401 Parnassus Avenue, San Francisco, California 94143

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CLIENT EVALUATION OF SERVICES

Please help us improve our program by answering some questions about the services you have received. We are interested in your honest opinion, whether they are positive or negative. *Please answer all of the questions.* We also welcome your comments and suggestions. Thank you very much, we really appreciate your help.

CIRCLE YOUR ANSWER

1. How would you rate the quality of service you have received?
 

4	3	2	1
_____ <i>Excellent</i>	_____ <i>Good</i>	_____ <i>Fair</i>	_____ <i>Poor</i>
  
2. Did you get the kind of service you wanted?
 

1	2	3	4
_____ <i>No, definitely not</i>	_____ <i>No, not really</i>	_____ <i>Yes, generally</i>	_____ <i>Yes, definitely</i>
  
3. To what extent has our program met your needs?
 

4	3	2	1
_____ <i>Almost all of my needs have been met</i>	_____ <i>Most of my needs have been met</i>	_____ <i>Only a few of my needs have been met</i>	_____ <i>None of my needs have been met</i>
  
4. If a friend were in need of similar help, would you recommend our program to him or her?
 

1	2	3	4
_____ <i>No, definitely not</i>	_____ <i>No, I don't think so</i>	_____ <i>Yes, I think so</i>	_____ <i>Yes, definitely</i>
  
5. How satisfied are you with the amount of help you have received?
 

1	2	3	4
_____ <i>Quite dissatisfied</i>	_____ <i>Indifferent or mildly dissatisfied</i>	_____ <i>Mostly satisfied</i>	_____ <i>Very satisfied</i>
  
6. Have the services you received helped you to deal more effectively with your problems?
 

4	3	2	1
_____ <i>Yes, they helped a great deal</i>	_____ <i>Yes, they helped somewhat</i>	_____ <i>No, they really didn't help</i>	_____ <i>No, they seemed to make things worse</i>
  
7. In an overall, general sense, how satisfied are you with the service you have received?
 

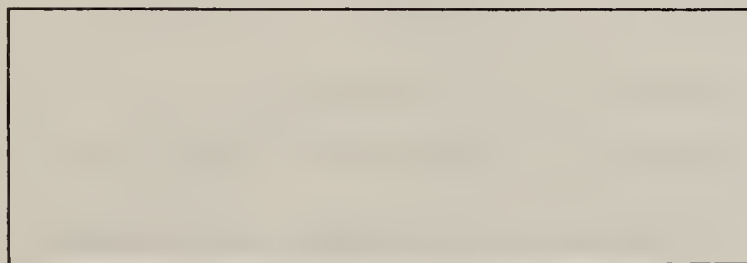
4	3	2	1
_____ <i>Very satisfied</i>	_____ <i>Mostly satisfied</i>	_____ <i>Indifferent or mildly dissatisfied</i>	_____ <i>Quite dissatisfied</i>
  
8. If you were to seek help again, would you come back to our program?
 

1	2	3	4
_____ <i>No, definitely not</i>	_____ <i>No, I don't think so</i>	_____ <i>Yes, I think so</i>	_____ <i>Yes, definitely</i>

Figure 1. The CSQ-8 as Presented in the Service Evaluation Questionnaire (cf. Larsen, Attkisson, Hargreaves, & Nguyen, 1979).

# CLIENT SATISFACTION QUESTIONNAIRE

## CSQ — 18A



ALL INFORMATION PROVIDED BY YOU IS STRICTLY CONFIDENTIAL.  
PLEASE DO NOT WRITE YOUR NAME ON THIS FORM.

C. Clifford Attkisson, Ph.D.  
Gregory Pascoe

University of California  
San Francisco, CA 94143

FALL 1983

PART A<sup>1, 2</sup>

Please help us improve our program by answering some questions about the services you have received. We are interested in your honest opinions, whether they are positive or negative. *Please answer all of the questions.* We also welcome your comments and suggestions. Thank you very much, we really appreciate your help.

CIRCLE YOUR ANSWERS

1. Have you ever felt that our program was more concerned with procedures than with helping you?

4	3	2	1
<i>Concerned mostly with helping me</i>	<i>Concerned more with helping me</i>	<i>Concerned more with procedures</i>	<i>Concerned mostly with procedures</i>

2. How satisfied are you with the quality of the service you have received?

4	3	2	1
<i>Very satisfied</i>	<i>Mostly satisfied</i>	<i>Indifferent or mildly dissatisfied</i>	<i>Quite dissatisfied</i>

3. How satisfied are you with the kind of service you have received?

1	2	3	4
<i>Quite dissatisfied</i>	<i>Indifferent or mildly dissatisfied</i>	<i>Mostly satisfied</i>	<i>Very satisfied</i>

4. How satisfied are you with the amount of help you have received?

1	2	3	4
<i>Quite dissatisfied</i>	<i>Indifferent or mildly dissatisfied</i>	<i>Mostly satisfied</i>	<i>Very satisfied</i>

5. You came to our program with certain problems. How are those problems now?

1	2	3	4
<i>Worse or much worse</i>	<i>No change</i>	<i>Somewhat better</i>	<i>A great deal better</i>

6. Have the services you received helped you to deal more effectively with your problem?

4	3	2	1
<i>Yes, they helped a great deal</i>	<i>Yes, they helped somewhat</i>	<i>No, they really didn't help</i>	<i>No, they seemed to make things worse</i>

7. How convenient is the location of our building?

4	3	2	1
<i>Very convenient</i>	<i>Mostly convenient</i>	<i>Somewhat Inconvenient</i>	<i>Very Inconvenient</i>

8. In general, have the receptionists and secretaries seemed friendly and made you feel comfortable?

4	3	2	1
<i>Yes, definitely</i>	<i>Yes, most of the time</i>	<i>No, sometimes not</i>	<i>No, often not</i>

9. Have the services you received led to any changes in either your problems or yourself?

1	2	3	4
<i>Yes, but the changes were for the worse</i>	<i>No, there was really no noticeable change</i>	<i>Yes, some noticeable change for the better</i>	<i>Yes, a great deal of positive change</i>

10. Are you satisfied with the fee that was charged for the services you received?

1	2	3	4
<i>Quite dissatisfied</i>	<i>Indifferent or mildly dissatisfied</i>	<i>Mostly satisfied</i>	<i>Very satisfied</i>

11. Do you feel that our program has kept your problems confidential?

4	3	2	1
<i>Yes, I feel they definitely have</i>	<i>Yes, I feel they have</i>	<i>No, I feel they have not</i>	<i>No, I feel they definitely have not</i>

## PART B

Please check or write in the appropriate answer

1. Your current age:
2. Sex:  
 1 Female  
 2 Male
3. Ethnocultural group:  
 1 American Indian/Alaskan Native  
 2 Black/Afro-American  
 3 Chicano/Mexican-American  
 4 Latino/Other Latin-American  
 5 Chinese/Chinese-American  
 6 East Indian/Pakistani  
 7 Japanese/Japanese-American  
 8 Korean  
 9 Pilipino/Filipino  
 10 Polynesian  
 11 Thai  
 12 Laotian  
 13 Cambodian  
 14 Burmese  
 15 Vietnamese  
 16 White/Caucasian  
 17 Other, please specify \_\_\_\_\_  
 \_\_\_\_\_
4. Education: (check highest level achieved)  
 1 Grade 8 or less  
 2 Some high school  
 3 High school graduate  
 4 Some college  
 5 College graduate  
 6 College past BA or BS
5. Current marital status:  
 1 Never married  
 2 Married/living with someone as married  
 3 Separated  
 4 Divorced  
 5 Widowed  
 6 Other, please specify \_\_\_\_\_  
 \_\_\_\_\_
6. Current employment: (check one)  
 1 Employed full-time  
 2 Employed part-time  
 3 Housewife, full-time  
 4 Full-time student  
 5 Unemployed  
 6 Retired  
 7 Other, please specify \_\_\_\_\_  
 \_\_\_\_\_
7. Gross family income: (last year)  
 1 \$2,500 or under  
 2 \$2,501 – \$5,000  
 3 \$5,001 – \$7,500  
 4 \$7,501 – \$10,000  
 5 \$10,001 – \$12,500  
 6 \$12,501 – \$15,000  
 7 \$15,001 – \$20,000  
 8 \$20,001 – \$25,000  
 9 Over \$25,000
8. How many times have you visited this agency for services?  
 1 Never visited before today  
 2 Once before, but over 6 months ago  
 3 One visit in the last 6 months  
 4 Two to three visits in the last 6 months  
 5 Four to six visits in the last 6 months  
 6 Seven or more visits in the last 6 months
9. All in all, would you say that your health is generally:  
 1 Excellent  
 2 Good  
 3 Fair  
 4 Poor
10. Taking all things together, how would you say things are these days – would you say that you're:  
 1 Very happy  
 2 Pretty happy  
 3 Not too happy

12. How would you rate the quality of service you have received?

4	3	2	1
<hr/> Excellent	<hr/> Good	<hr/> Fair	<hr/> Poor

13. In an overall, general sense, how satisfied are you with the service you have received?

4	3	2	1
<hr/> Very satisfied	<hr/> Mostly satisfied	<hr/> Indifferent or mildly dissatisfied	<hr/> Quite dissatisfied

14. When you first came to our program, did the receptionists and secretaries seem friendly and make you feel comfortable?

4	3	2	1
<hr/> Yes, they definitely did	<hr/> Yes, they generally did	<hr/> No, they generally didn't	<hr/> No, they definitely didn't

15. Have you received as much help as you wanted?

1	2	3	4
<hr/> No, definitely not	<hr/> No, not really	<hr/> Yes, generally	<hr/> Yes, definitely

16. To what extent has our program met your needs?

4	3	2	1
<hr/> Almost all of my needs have been met	<hr/> Most of my needs have been met	<hr/> Only a few of my needs have been met	<hr/> None of my needs have been met

17. How interested have the receptionists and secretaries been in helping you?

4	3	2	1
<hr/> Very Interested	<hr/> Interested	<hr/> Somewhat uninterested	<hr/> Very uninterested

18. How interested in helping you was the person with whom you have worked most closely?

4	3	2	1
<hr/> Very Interested	<hr/> Interested	<hr/> Somewhat uninterested	<hr/> Very uninterested

PLEASE WRITE YOUR COMMENTS

The thing I like best about this agency is: \_\_\_\_\_

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If I could change one thing about this agency, it would be: \_\_\_\_\_

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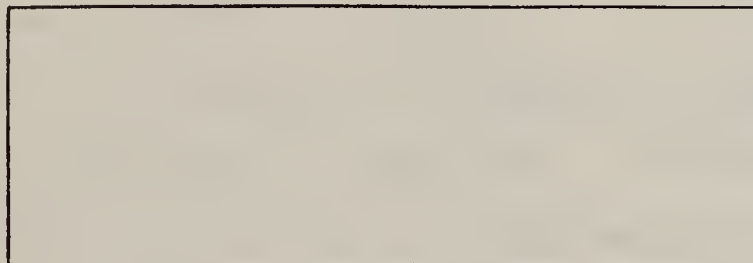
<sup>1</sup>Attkisson, C.C., & Zwick, R. The Client Satisfaction Questionnaire: Psychometric properties and correlations with service utilization and psychotherapy outcomes. *Evaluation and Program Planning*, 1982, 5, 233-237.

<sup>2</sup>LeVols, M., Nguyen, T.D., & Attkisson, C. C. Artifact in client satisfaction assessment: Experience in community mental health settings. *Evaluation and Program Planning*, 1981, 4, 139-150



# CLIENT SATISFACTION QUESTIONNAIRE

## CSQ — 18B



ALL INFORMATION PROVIDED BY YOU IS STRICTLY CONFIDENTIAL.  
PLEASE DO NOT WRITE YOUR NAME ON THIS FORM.

C. Clifford Attkisson, Ph.D.  
Gregory Pascoe

University of California  
San Francisco, CA 94143

FALL 1983

PART A<sup>1, 2</sup>

Please help us improve our program by answering some questions about the services you have received. We are interested in your honest opinions, whether they are positive or negative. *Please answer all of the questions.* We also welcome your comments and suggestions. Thank you very much, we really appreciate your help.

CIRCLE YOUR ANSWERS

1. When you first came to our program, were you seen as promptly as you felt necessary?

4	3	2	1
_____ <i>Yes, very promptly</i>	_____ <i>Yes, promptly</i>	_____ <i>No, there was some delay</i>	_____ <i>No, it seemed to take forever</i>

2. In general, how satisfied are you with the comfort and attractiveness of our facility?

1	2	3	4
_____ <i>Quite dissatisfied</i>	_____ <i>Indifferent or mildly dissatisfied</i>	_____ <i>Mostly satisfied</i>	_____ <i>Very satisfied</i>

3. Did the characteristics of our building detract from the services you have received?

1	2	3	4
_____ <i>Yes, they detracted very much</i>	_____ <i>Yes, they detracted somewhat</i>	_____ <i>No, they did not detract much</i>	_____ <i>No, they did not detract at all</i>

4. How satisfied are you with the amount of help you have received?

1	2	3	4
_____ <i>Quite dissatisfied</i>	_____ <i>Indifferent or mildly dissatisfied</i>	_____ <i>Mostly satisfied</i>	_____ <i>Very satisfied</i>

5. Considering your particular needs, how appropriate are the services you have received?

4	3	2	1
_____ <i>Highly appropriate</i>	_____ <i>Generally appropriate</i>	_____ <i>Generally inappropriate</i>	_____ <i>Highly inappropriate</i>

6. Have the services you received helped you to deal more effectively with your problems?

4	3	2	1
_____ <i>Yes, they helped a great deal</i>	_____ <i>Yes, they helped somewhat</i>	_____ <i>No, they really didn't help</i>	_____ <i>No, they seemed to make things worse</i>

7. When you talked to the person with whom you have worked most closely, how closely did he or she listen to you?

1	2	3	4
_____ <i>Not at all closely</i>	_____ <i>Not too closely</i>	_____ <i>Fairly closely</i>	_____ <i>Very closely</i>

8. Did you get the kind of service you wanted?

1	2	3	4
_____ <i>No, definitely not</i>	_____ <i>No, not really</i>	_____ <i>Yes, generally</i>	_____ <i>Yes, definitely</i>

9. Are there other services you need but have not received?

1	2	3	4
_____ <i>Yes, there definitely were</i>	_____ <i>Yes, I think there were</i>	_____ <i>No, I don't think there were</i>	_____ <i>No, there definitely were not</i>

10. How clearly did the person with whom you worked most closely understand your problem and how you felt about it?

4	3	2	1
_____ <i>Very clearly</i>	_____ <i>Clearly</i>	_____ <i>Somewhat unclearly</i>	_____ <i>Very unclearly</i>

11. How competent and knowledgeable was the person with whom you have worked closely?

1	2	3	4
_____ <i>Poor abilities at best</i>	_____ <i>Only of average ability</i>	_____ <i>Competent and knowledgeable</i>	_____ <i>Highly competent and knowledgeable</i>

12. How would you rate the quality of the service you have received?

4	3	2	1
<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>

13. In an overall, general sense, how satisfied are you with the service you have received?

4	3	2	1
<i>Very satisfied</i>	<i>Mostly satisfied</i>	<i>Indifferent or mildly dissatisfied</i>	<i>Quite dissatisfied</i>

14. If a friend were in need of similar help, would you recommend our program to him or her?

1	2	3	4
<i>No, definitely not</i>	<i>No, I don't think so</i>	<i>Yes, I think so</i>	<i>Yes, definitely</i>

15. Have the people in our program generally understood the kind of help you wanted?

1	2	3	4
<i>No, they misunderstood almost completely</i>	<i>No, they seemed to misunderstand</i>	<i>Yes, they seemed to generally understand</i>	<i>Yes, they understood almost perfectly</i>

16. To what extent has our program met your needs?

4	3	2	1
<i>Almost all of my needs have been met</i>	<i>Most of my needs have been met</i>	<i>Only a few of my needs have been met</i>	<i>None of my needs have been met</i>

17. Have your rights as an individual been respected?

1	2	3	4
<i>No, almost never respected</i>	<i>No, sometimes not respected</i>	<i>Yes, generally respected</i>	<i>Yes, almost always respected</i>

18. If you were to seek help again, would you come back to our program?

1	2	3	4
<i>No, definitely not</i>	<i>No, I don't think so</i>	<i>Yes, I think so</i>	<i>Yes, definitely</i>

PLEASE WRITE YOUR COMMENTS

The thing I like best about this agency is: \_\_\_\_\_

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If I could change one thing about this agency, it would be: \_\_\_\_\_

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<sup>1</sup>Attkisson, C.C., & Zwick, R. The Client Satisfaction Questionnaire: Psychometric properties and correlations with service utilization and psychotherapy outcome. *Evaluation and Program Planning*, 1982, 5, 233-237.

<sup>2</sup>LeVois, M., Nguyen, T.D., & Attkisson, C.C. Artifact in client satisfaction assessment: Experience in community mental health settings. *Evaluation and Program Planning*, 1981, 4, 139-150

PART B

Please check or write in the appropriate answer

1. Your current age:
2. Sex:
  - 1 Female
  - 2 Male
3. Ethnocultural group:
  - 1 American Indian/Alaskan Native
  - 2 Black/Afro-American
  - 3 Chicano/Mexican-American
  - 4 Latino/Other Latin-American
  - 5 Chinese/Chinese-American
  - 6 East Indian/Pakistani
  - 7 Japanese/Japanese-American
  - 8 Korean
  - 9 Pilipino/Filipino
  - 10 Polynesian
  - 11 Thai
  - 12 Laotian
  - 13 Cambodian
  - 14 Burmese
  - 15 Vietnamese
  - 16 White/Caucasian
  - 17 Other, please specify \_\_\_\_\_  
\_\_\_\_\_
4. Education: (check highest level achieved)
  - 1 Grade 8 or less
  - 2 Some high school
  - 3 High school graduate
  - 4 Some college
  - 5 College graduate
  - 6 College past BA or BS
5. Current marital status:
  - 1 Never married
  - 2 Married/living with someone as married
  - 3 Separated
  - 4 Divorced
  - 5 Widowed
  - 6 Other, please specify \_\_\_\_\_  
\_\_\_\_\_
6. Current employment: (check one)
  - 1 Employed full-time
  - 2 Employed part-time
  - 3 Housewife, full-time
  - 4 Full-time student
  - 5 Unemployed
  - 6 Retired
  - 7 Other, please specify \_\_\_\_\_  
\_\_\_\_\_
7. Gross family income: (last year)
  - 1 \$2,500 or under
  - 2 \$2,501 – \$5,000
  - 3 \$5,001 – \$7,500
  - 4 \$7,501 – \$10,000
  - 5 \$10,001 – \$12,500
  - 6 \$12,501 – \$15,000
  - 7 \$15,001 – \$20,000
  - 8 \$20,001 – \$25,000
  - 9 Over \$25,000
8. How many times have you visited this agency for services?
  - 1 Never visited before today
  - 2 Once before, but over 6 months ago
  - 3 One visit in the last 6 months
  - 4 Two to three visits in the last 6 months
  - 5 Four to six visits in the last 6 months
  - 6 Seven or more visits in the last 6 months
9. All in all, would you say that your health is generally:
  - 1 Excellent
  - 2 Good
  - 3 Fair
  - 4 Poor
10. Taking all things together, how would you say things are these days – would you say that you're:
  - 1 Very happy
  - 2 Pretty happy
  - 3 Not too happy

# **CLIENT SATISFACTION QUESTIONNAIRE**

**April 1979 Revision**

CSQ-31

**DANIEL L. LARSEN**                      **C. CLIFFORD ATTKISSON**  
**WM. A. HARGREAVES**            **and**            **TUAN D. NGUYEN**

**Department of Psychiatry**  
**University of California, San Francisco**

# CLIENT SATISFACTION QUESTIONNAIRE

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DANIEL L. LARSEN  
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TUAN D. NGUYEN

Department of Psychiatry  
University of California, San Francisco

Month	Day	Year (1-6)

INSTRUCTIONS: Please answer some questions about the services you have received here. *Do not sign your name.* We are interested in your *honest* opinions, both positive and negative. *Please answer all of the questions.* For each question please circle your answer. We also welcome your comments and suggestions. You can use the space at the end of the form for this. Thank you very much. We appreciate your help.

CIRCLE YOUR ANSWER

(Items 1-4 in columns 7-10)

1. When you first came to our program, were you seen as promptly as you felt necessary?

<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
<i>Yes, very promptly</i>	<i>Yes, promptly</i>	<i>No, there was some delay</i>	<i>No, it seemed to take forever</i>

2. Have you ever felt that our program was more concerned with procedures than with helping you?

<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
<i>Concerned mostly with helping me</i>	<i>Concerned more with helping me</i>	<i>Concerned more with procedures</i>	<i>Concerned mostly with procedures</i>

3. In general, how satisfied are you with the comfort and attractiveness of our facility?

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<i>Quite dissatisfied</i>	<i>Indifferent or mildly dissatisfied</i>	<i>Mostly satisfied</i>	<i>Very satisfied</i>

4. How satisfied are you with the amount of help you have received?

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<i>Quite dissatisfied</i>	<i>Indifferent or mildly dissatisfied</i>	<i>Mostly satisfied</i>	<i>Very satisfied</i>

Go to top of next page

5. How satisfied are you with the quality of the service you have received?

<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
<i>Very satisfied</i>	<i>Mostly satisfied</i>	<i>Indifferent or mildly dissatisfied</i>	<i>Quite dissatisfied</i>

6. Did the characteristics of our building detract from the services you have received?

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<i>Yes, they detracted very much</i>	<i>Yes, they detracted somewhat</i>	<i>No, they did not detract much</i>	<i>No, they did not detract at all</i>

7. Did you get the kind of service you wanted?

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<i>No, definitely not</i>	<i>No, not really</i>	<i>Yes, generally</i>	<i>Yes, definitely</i>

8. You came to our program with certain problems. How are those problems now?

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<i>Worse or much worse</i>	<i>No change</i>	<i>Somewhat better</i>	<i>A great deal better</i>

9. Considering your particular needs, how appropriate are the services you have received?

<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
<i>Highly appropriate</i>	<i>Generally appropriate</i>	<i>Generally inappropriate</i>	<i>Highly inappropriate</i>

10. Have the services you received helped you to deal more effectively with your problems?

<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
<i>Yes, they helped a great deal</i>	<i>Yes, they helped somewhat</i>	<i>No, they really didn't help</i>	<i>No, they seemed to make things worse</i>

11. When you talked to the person with whom you have worked most closely, how closely did he or she listen to you?

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<i>Not at all closely</i>	<i>Not too closely</i>	<i>Fairly closely</i>	<i>Very closely</i>

12. How convenient is the location of our building?

<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
<i>Very convenient</i>	<i>Mostly convenient</i>	<i>Somewhat inconvenient</i>	<i>Very inconvenient</i>

Go to top of next page

13. How satisfied are you with the kind of service you have received?

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<i>Quite dissatisfied</i>	<i>Indifferent or mildly dissatisfied</i>	<i>Mostly satisfied</i>	<i>Very satisfied</i>

14. In general, have the receptionists and secretaries seemed friendly and made you feel comfortable?

<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
<i>Yes, definitely</i>	<i>Yes, most of the time</i>	<i>No, sometimes not</i>	<i>No, often not</i>

15. Are there other services you need but have not received?

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<i>Yes, there definitely were</i>	<i>Yes, I think there were</i>	<i>No, I don't think there were</i>	<i>No, there definitely were not</i>

16. Have the services you received led to any changes in either your problems or yourself?

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<i>Yes, but the changes were for the worse</i>	<i>No, there was really no noticeable change</i>	<i>Yes, some noticeable change for the better</i>	<i>Yes, a great deal of positive change</i>

17. How clearly did the person, with whom you worked most closely, understand your problem and how you felt about it?

<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
<i>Very clearly</i>	<i>Clearly</i>	<i>Somewhat unclearly</i>	<i>Very unclearly</i>

18. Are you satisfied with the fee that was charged for the services you received?

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<i>Quite dissatisfied</i>	<i>Indifferent or mildly dissatisfied</i>	<i>Mostly satisfied</i>	<i>Very satisfied</i>

19. How competent and knowledgeable was the person with whom you have worked closely?

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<i>Poor abilities at best</i>	<i>Only of average ability</i>	<i>Competent and knowledgeable</i>	<i>Highly competent and knowledgeable</i>

20. In an overall, general sense, how satisfied are you with the service you have received?

<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
<i>Very satisfied</i>	<i>Mostly satisfied</i>	<i>Indifferent or mildly dissatisfied</i>	<i>Quite dissatisfied</i>

Go to top of next page



21. How would you rate the quality of service you have received?

4 ----- <i>Excellent</i>	3 ----- <i>Good</i>	2 ----- <i>Fair</i>	1 ----- <i>Poor</i>
--------------------------------	---------------------------	---------------------------	---------------------------

22. Do you feel that our program has kept your problems confidential?

4 ----- <i>Yes, I feel they definitely have</i>	3 ----- <i>Yes, I feel they have</i>	2 ----- <i>No, I feel they have not</i>	1 ----- <i>No, I feel they definitely have not</i>
-------------------------------------------------------	--------------------------------------------	-----------------------------------------------	----------------------------------------------------------

23. If a friend were in need of similar help, would you recommend our program to him or her?

1 ----- <i>No, definitely not</i>	2 ----- <i>No, I don't think so</i>	3 ----- <i>Yes, I think so</i>	4 ----- <i>Yes, definitely</i>
-----------------------------------------	-------------------------------------------	--------------------------------------	--------------------------------------

24. When you first came to our program, did the receptionists and secretaries seem friendly and make you feel comfortable?

4 ----- <i>Yes, they definitely did</i>	3 ----- <i>Yes, they generally did</i>	2 ----- <i>No, they generally didn't</i>	1 ----- <i>No, they definitely didn't</i>
-----------------------------------------------	----------------------------------------------	------------------------------------------------	-------------------------------------------------

25. Have the people in our program generally understood the kind of help you wanted?

1 ----- <i>No, they misunderstood almost completely</i>	2 ----- <i>No, they seemed to misunderstand</i>	3 ----- <i>Yes, they seemed to generally understand</i>	4 ----- <i>Yes, they understood almost perfectly</i>
---------------------------------------------------------------	-------------------------------------------------------	---------------------------------------------------------------	------------------------------------------------------------

26. Have you received as much help as you wanted?

1 ----- <i>No, definitely not</i>	2 ----- <i>No, not really</i>	3 ----- <i>Yes, generally</i>	4 ----- <i>Yes, definitely</i>
-----------------------------------------	-------------------------------------	-------------------------------------	--------------------------------------

27. To what extent has our program met your needs?

4 ----- <i>Almost all of my needs have been met</i>	3 ----- <i>Most of my needs have been met</i>	2 ----- <i>Only a few of my needs have been met</i>	1 ----- <i>None of my needs have been met</i>
-----------------------------------------------------------	-----------------------------------------------------	-----------------------------------------------------------	-----------------------------------------------------

28. How interested have the receptionists and secretaries been in helping you?

4 ----- <i>Very interested</i>	3 ----- <i>Interested</i>	2 ----- <i>Somewhat uninterested</i>	1 ----- <i>Very uninterested</i>
--------------------------------------	---------------------------------	--------------------------------------------	----------------------------------------

Go to top of next page

29. Have your rights as an individual been respected?

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<i>No, almost never respected</i>	<i>No, sometimes not respected</i>	<i>Yes, generally respected</i>	<i>Yes, almost always respected</i>

30. How interested in helping you was the person with whom you have worked most closely?

<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
<i>Very interested</i>	<i>Interested</i>	<i>Somewhat uninterested</i>	<i>Very uninterested</i>

31. If you were to seek help again, would you come back to our program?

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<i>No, definitely not</i>	<i>No, I don't think so</i>	<i>Yes, I think so</i>	<i>Yes, definitely</i>

COMMENTS AND SUGGESTIONS:

Go to top of next page

**FOR OFFICE USE ONLY (Do not write below this line)**

Agency Name _____ <input type="text"/> (38-39) Respondent Code Number (ID): <input type="text"/> (40-45) Date Current Service Began: <input type="text"/> (46-51) Date Current Service Ended (Include only where applicable): <input type="text"/> (52-57)	Approximate Amount of Services Provided: Number of Outpatient Visits: <input type="text"/> (58-60) Number of Partial Care Days: <input type="text"/> (61-63) Number of Residential or Inpatient Days: <input type="text"/> (64-66) CARD NUMBER <input type="text"/> (67)
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# SUPPLEMENTARY INFORMATION

## INSTRUCTIONS:

In the last section you described some of the things that you like and dislike about this agency. Now, we would like to know a little more about you. This will help us tell how well the agency is serving different groups of clients. All information provided by you in this questionnaire is strictly confidential.

## BACKGROUND (Please circle or write in appropriate answer)

CARD 2

<p><b>SEX:</b></p> <input type="checkbox"/> 1. Female <input type="checkbox"/> 2. Male <small>(1)</small>	<p><b>AGE:</b></p> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin-right: 5px;"></div> Years <small>(2-3)</small>	<p><b>CURRENT EMPLOYMENT:</b></p> <input type="checkbox"/> 1. Employed full-time <input type="checkbox"/> 2. Employed part-time <input type="checkbox"/> 3. Housewife <input type="checkbox"/> 4. Unemployed <input type="checkbox"/> 5. Full-time student <input type="checkbox"/> 6. Part-time student <input type="checkbox"/> 7. Retired <small>(4)</small>	<p><b>EDUCATION:</b></p> <input type="checkbox"/> 1. Grade 8 or less <input type="checkbox"/> 2. Some high school <input type="checkbox"/> 3. High school grad <input type="checkbox"/> 4. Some college <input type="checkbox"/> 5. College graduate <input type="checkbox"/> 6. College past BA or BS <small>(5)</small>
<p><b>MARITAL STATUS:</b></p> <input type="checkbox"/> 1. Never married <input type="checkbox"/> 2. Married <input type="checkbox"/> 3. Separated <input type="checkbox"/> 4. Divorced <input type="checkbox"/> 5. Widowed <small>(6)</small>	<p><b>YEARLY FAMILY INCOME:</b></p> <input type="checkbox"/> 1. \$2500 or under <input type="checkbox"/> 2. \$2501 – \$5000 <input type="checkbox"/> 3. \$5001 – \$7500 <input type="checkbox"/> 4. \$7501 – \$10,000 <input type="checkbox"/> 5. \$10,001 – \$12,500 <input type="checkbox"/> 6. Over \$12,500 <small>(7)</small>		<p><b>ETHNOCULTURAL GROUP:</b></p> <input type="checkbox"/> 1. American Indian <input type="checkbox"/> 2. Black <input type="checkbox"/> 3. Chinese <input type="checkbox"/> 4. Filipino <input type="checkbox"/> 5. Japanese <input type="checkbox"/> 6. Mexican American <input type="checkbox"/> 7. Other Latin or Spanish heritage <input type="checkbox"/> 8. White <input type="checkbox"/> 9. Other: _____ <small>(8)</small>
<p><b>USUAL OCCUPATION:</b></p> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin-right: 5px;"></div> <small>(9-10)</small>	<p><b>NUMBER OF PEOPLE DEPENDENT ON ABOVE INCOME, INCLUDING SELF.</b></p> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin-right: 5px;"></div> <small>(13-14)</small>		
<p><b>CURRENT OCCUPATION:</b></p> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin-right: 5px;"></div> <small>(11-12)</small>			

## SERVICE (Please circle appropriate answer)

<p><b>I HAVE USUALLY COME TO THIS AGENCY:</b></p> <input type="checkbox"/> 1. Only when I need to. <input type="checkbox"/> 2. Once or twice a month. <input type="checkbox"/> 3. Once a week. <input type="checkbox"/> 4. Two or three times a week. <input type="checkbox"/> 5. More than three times a week. <input type="checkbox"/> 6. I only came here once. <small>(15)</small>	<p><b>HAVE YOU RECEIVED SERVICES HERE BEFORE?</b></p> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <small>(16)</small>	<p><b>ARE YOU STILL RECEIVING SERVICES HERE?</b></p> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No, I was not satisfied & left. <input type="checkbox"/> 3. No, I got what I needed and left. <input type="checkbox"/> 4. No, I couldn't afford it. <input type="checkbox"/> 5. No, I was told that I would have to stop coming here. <small>(17)</small>
<p><b>HAVE YOU BEEN CHARGED A FEE FOR THE SERVICES YOU RECEIVED?</b></p> <input type="checkbox"/> 1. Yes, a full fee. <input type="checkbox"/> 2. Yes, a part fee. <input type="checkbox"/> 3. No, I pay no fee. <small>(19)</small>	<p><b>HAVE YOU EVER RECEIVED SIMILAR SERVICES ELSEWHERE?</b></p> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <small>(18)</small>	

*Thank you again for your help. The information you have provided is appreciated and will be valuable as we work toward maintaining and improving the quality of services.*

## FOR OFFICE USE ONLY (Do not write below this line)

Agency: <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> (38-39)	Respondent Code Number (ID): <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> (40-46)	CARD NUMBER <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; vertical-align: middle;">2</div> (67)
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## DRINKING CLASSIFICATION INDICES

- Authors:** Jeffrey M. Brandsma, Maxie C. Maultsby, Jr., and Richard J. Welsh
- Assessment Areas Covered:** Alcohol consumption quantity/frequency, alcohol dependence syndrome, severity of, resource person, diagnosis
- Administration:** Completed by researcher using self-report data provided by subject, at screening and followup
- Design Features:** Methodology and procedures for generating indexes of alcohol consumption.
- Abstract:** The Drinking Classification Indices were adapted by the authors for use in their 1972-77 study of outpatient treatment for 260 problem drinkers. The scale was used as a measure of alcohol consumption and was administered six times to subjects from pretreatment to followup. A modified form of the scale was administered to family members during followup. The scale generates three indexes of drinking behavior: the Quantity-Frequency-Variability Index, the Volume-Variability Index, and the Quantity-Volume Index. The scale is based on the Quantity-Frequency-Variability Index as developed by Cahalan et al. (1969). The version employed by the authors is based on a modified protocol (Volume-Pattern Index) developed by Bowman et al. (1975). The authors (1980) state that "Despite the absolutely essential nature of this measure, it remains one of the most difficult to assess reliably and validly because investigators are forced to rely on post hoc self-report rather than direct observation."
- Related Published Reports:** Brandsma, J.M.; Maultsby, M.C.; and Welsh, R.J. Outpatient Treatment of Alcoholism, a Review and Comparative Study. Baltimore: University Park Press, 1980.<sup>1</sup>
- Bowman, R.S.; Stein, L.T.; and Newton, J.R. Measurement and interpretation of drinking behavior. Journal of Studies on Alcohol, 36:1154-1172, 1975.
- Cahalan, D.; Cissin, I.H.; and Crossley, H.M. American Drinking Practices: A National Survey of Drinking Behavior and Attitudes. Monograph No. 6. New Brunswick, N.J.: Rutgers Center of Alcohol Studies, 1969.
- Armor, D.J.; Polich, J.M.; and Stambul, H.B. Alcoholism and Treatment. New York: Wiley & Sons, 1978.
- Availability Source:** Available in Brandsma et al. (1980), subject to copyright limitations.
- Copyright:** Copyright 1980 by University Park Press. Reproduced with permission by the U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Alcohol Abuse and Alcoholism from Brandsma, J.M.; Maultsby, M.C.; and Welsh, R.J. Outpatient Treatment of Alcoholism, a Review and Comparative Study. Baltimore: University Park Press, 1980. Further reproduction is prohibited without permission of the copyright holder.

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<sup>1</sup>Refer to volume 1 in this series, Summaries of Alcoholism Treatment Assessment Research, for a further discussion of Outpatient Treatment of Alcoholism, which contains the Drinking Classification Indices.

# DRINKING CLASSIFICATION INDICES

## COMPUTATION OF ETHANOL INTAKE FROM Q-F-V SCALES

Using quantity-frequency-variability (Q-F-V) scales of alcohol consumption similar to those originally developed by Calahan, Cissin, and Crossley (1969), a rough estimate of the respondent's average ethanol intake per day can be made. The Q-F-V instrument consists of two scales: 1) A frequency scale, designed to determine how often the respondent drinks each of three types of alcohol (beer, wine, and liquor). The scale range is from "three times a day" to "never" and each scale point may be converted to a proportion of the total time span considered ( $F$ ) (see Table M-5). 2) The quantity-variability scale. Quantities are expressed in units frequently used with the specific alcohol beverage considered (e.g., 12-oz. bottles of beer, 4-oz. glasses of wine, and 1-oz. shots of liquor). For each of three quantity ranges ("7 or more," "3, 4, or 5," "1, 2, or 3") the respondent indicates how often he drinks that quantity of beverage. That is, are seven or more shots of liquor consumed "every time," "often," "sometimes," "once in a while," or "never"? Thus both quantity and variability of consumption are estimated.

With the information obtained in the quantity-variability scale, ounces of alcohol consumed per drinking occasion can be estimated. The median quantity listed is multiplied by the unit used for each type of alcohol. Table M-1 lists the quantity ( $Q$ ) obtained from the computation.

Because drinking is variable, each of the quantities listed in Table M-1 may be consumed some proportion of the time ( $P$ ). Table M-4 may be used to compute the proportion (see also Calahan et al., 1969, p. 214). A summation of each quantity times its proportion provides an estimate of the ounces of each beverage consumed per drinking occasion ( $Bev/oz$ ). In other words:

$$Bev/oz = QP \quad (1)$$

Total ethanol intake per drinking occasion (ethanol total) can be determined by multiplying the ounces for each beverage ( $Bev/oz$ ) with a special proportion of ethanol ( $P_E$ ) contained in that beverage and summing these products. Thus it is assumed that beer is 4% ethanol, wine is 15%, and liquor is 45%. These proportions are consistent with those used by Armor, Polich, and Stambul (1978) and by Calahan et al. (1969). In other words:

$$\text{Ethanol total} = (\text{Beer}/oz \times 0.04) + (\text{Wine}/oz \times 0.15) + (\text{Liquor}/oz \times 0.45) \quad (2)$$

Finally, an estimate of the average ethanol intake per day can be made by multiplying the frequency ( $F$ ) of each beverage times  $Bev/oz$  times the ethanol constant for that beverage and summing those products, i.e.:

$$\begin{aligned} \text{Ethanol per day} = & (F \text{ beer} \times \text{beer}/oz \times 0.04) + (F \text{ wine} \times \text{wine}/oz \times 0.15) \\ & + (F \text{ liquor} \times \text{liquor}/oz \times 0.45) \end{aligned} \quad (3)$$

Table M-1. Ounces of beverage consumed for each level of the quantity-variability scale

Quantity scale	Median quantity	12 oz beer	4 oz wine
7 or more	8	96	32
4, 5, or 6	5	60	20
1, 2, or 3	2	24	8

Maximum Number of Drinks per Occasion	"less than half the time"	6	2		4
	7 or more				
	"once in a while"	8	3		7
	"less than half the time"	9			
	4, 5, or 6		5	not applicable	not applicable
	"once in a while"	10			
	1, 2, or 3	11	not applicable	not applicable	not applicable
		1, 2, or 3	4, 5, or 6	7 or more	unspecified
	Modal Number of Drinks per Occasion (Amount drunk "nearly every time" or more than half the time)				

Figure M-1. Quantity-variability (Q-V) classifications of the Q-F-V index. (Modified—for original classification, see Calahan et al., 1969, p. 13.)

Table M-2. Quantity-variability classifications

Quantity-variability class	Modal quantity (amount drunk "nearly every time" or "more than half the time")	Maximum quantity (highest quantity drunk)
1	7 or more	7 or more
2	4, 5, or 6	7 or more "less than half the time"
3	4, 5, or 6	7 or more "once in a while"
4	No mode specified	7 or more "less than half the time"
5	4, 5, or 6	4, 5, or 6
6	1, 2, or 3	7 or more "less than half the time"
7	No mode specified	7 or more "once in a while"
8	1, 2, or 3	7 or more "once in a while"
9	1, 2, or 3	3, 4, or 5 "less than half the time"
10	1, 2, or 3	3, 4, or 5 "once in a while"
11	1, 2, or 3	1, 2, or 3

Modified—for original classification see: Calahan, D., Cisin, I. H., Crossly, H. M. 1969. *American Drinking Practices: A National Survey of Drinking Behavior and Attitudes*, p. 13. Rutgers Center of Alcohol Studies, New Brunswick, N.J.

Table M-3. Q-F-V classifications

Q-F-V group	Frequency (of any alcoholic beverage)	Quantity-variability class (beverage drunk most often)	Classification codes
1. Heavy drinkers	a. 3 or more times a day	1-11	1
	b. 2 times a day	1-9	
	c. Every day or nearly every day	1-8	
	d. 3 or 4 times a week	1-5	
	e. 1 or 2 times a week	1-4	
	f. 2 or 3 times a month	1	
2. Moderate drinkers	a. 2 times a day	10-11	2
	b. Every day or nearly every day	9-10	
	c. 3 or 4 times a week	6-9	
	d. 1 or 2 times a week	5-9	
	e. 2 or 3 times a month	2-8	
	f. About once a month	1-6	
3. Light drinkers	a. Every day or nearly every day	11	3
	b. 1 to 4 times a week	10-11	
	c. 2 or 3 times a month	9-11	
	d. About once a month	7-11	
4. Infrequent drinkers	Drank less than once a month but at least once every 3 months <sup>a</sup>		4
5. Abstainers	Drank none of the 3 beverages (never) <sup>b</sup>		5

<sup>a</sup> Modified: Original statement from Calahan et al. is: Drank less than once a month but at least once a year.

<sup>b</sup> Modified: Original statement from Calahan et al. is: Drank none of the three beverages as often as once or never.

Table M-4. Proportion of drinking per occasion computation

For each beverage (wine, beer, liquor) the proportion of time that the subject spent consuming is calculated using the information given in the BRS Drinking Questionnaire. Please note the order of the information requested.

Part I. 7 or more measures of beverage

- a. Nearly every time
- b. Often; more than half the time
- c. Sometimes; less than half the time
- d. Once in a while
- e. Never

Where	
Weight	checked
4	
3	
2	
1	
0	

Weight checked \_\_\_\_\_ for 7 or more measures (C)

Part II. 3, 4, or 5 measures of beverage

- a. Nearly every time
- b. Often; more than half the time
- c. Sometimes; less than half the time
- d. Once in a while
- e. Never

Where	
Weight	checked
4	
3	
2	
1	
0	

Weight checked \_\_\_\_\_ for 3, 4, or 5 measures (B)

Part III. 1, 2, or 3 measures of beverage

- a. Nearly every time
- b. Often; more than half the time
- c. Sometimes; less than half the time
- d. Once in a while
- e. Never

Where	
Weight	checked
4	
3	
2	
1	
0	

Weight checked \_\_\_\_\_ for 1, 2, or 3 measures (A)

Total of all weights checked \_\_\_\_\_ (Cannot be greater than 6)

Parts <sup>a</sup>	Measures <sup>a</sup>	Weight checked	÷	Total of all weights	=	Proportion of Occasion for beverage <sup>b</sup>
III	1, 2, or 3	____(A)	÷	_____	=	0.____(A)
II	4, 5, or 6	____(B)	÷	_____	=	0.____(B)
I	7 or 8	____(C)	÷	_____	=	0.____(C)

<sup>a</sup> Note the reversal of the Parts and Measures.

<sup>b</sup> When the three proportions are added together they must equal 1.00; if they do not you have made an arithmetic error.



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*Note:*

Part I.

1. Code directly from appropriate beverage information, e.g., question 10C for wine, 13C for Beer, and 12C for liquor in the Behavior Ratio Scale (Drinking).

Part II.

1. If you checked (a) (Nearly every time) in Part I then you must check (3) (Never) in Part II.
2. If you checked (b) (Often; more than half the time) in Part I then you must check (c) (Sometimes; less than half the time) in Part II.
3. If you checked (c) (Sometimes; less than half the time) in Part I you *can't* check (a) (Nearly every time) in Part II—check (b) (Often; more than half the time) instead.

Part III.

1. If you checked (a) (Nearly every time) in Part I then you must check (e) (Never) in Part III.
2. If you checked (b) (Often; more than half the time) in Part I then you must check (e) (Never) in Part III.
3. If you checked (a) (Nearly every time) in Part II then you must check (e) (Never) in Part III.
4. If you checked (b) (Often; more than half the time) in Part II and you checked (c) (Sometimes; less than half the time) in Part I then you must check (e) (Never) in Part III.
5. If you checked (d) (once in a while) in both Parts I and II then you must check (a) (Nearly every time) in Part III.
6. If you do not drink this beverage at all you must check (e) (Never) in Parts I, II, and III.
7. If you checked (e) (Never) in Part I and either (d) (Once in a while) or (e) (Never) in Part II and note 6 does not apply, then you must check (a) (Nearly every time) in Part III.

Table M-5. Frequency of consumption (for the volume-variability index)

How often you usually drink a beverage <sup>a</sup> (wine, beer, hard liquor)	Number of drinking occasions per 90 days	Number of drinking occasions per day
3 or more times/day	270	3.000
2/day	180	2.000
1/day	90	1.000
Nearly every day	66	0.733
3-4/week	45	0.500
1-2/week	21	0.233
2-3/month	7.5	0.083
About 1/month	3	0.033
Less than 1/month but at least 1/3 months <sup>b</sup>	1.5 <sup>c</sup>	0.017
Never <sup>c</sup>	0	0.000

Modified for 90 days instead of 1 month. For original see: Calahan, D., Cisin, I. H., Crossly, H. M. 1969. *American Drinking Practices: A National Survey of Drinking Behavior and Attitudes*, pp. 213-214. Rutgers Center of Alcohol Studies, New Brunswick, N.J.

<sup>a</sup> See BRS—Drinking for responses.

<sup>b</sup> Modified: Original statement from Calahan et al. is: Less than once a month but at least once a year.

<sup>c</sup> Modified: Original statement from Calahan et al. is: Less than once a year or never.

<sup>d</sup> No value was assigned to this category and persons were not asked the amount and variability of consumption in the Calahan et al. study. This is *not* the case in this study (see also note<sup>c</sup>).

Table M-6. Average number of drinks of a beverage per day

For each beverage (wine, beer, and liquor) use the following procedure to calculate the average number of drinks (wine = 4-oz glass; beer = 12-oz glass bottles; liquor = 1-oz shots) that a client used per day over a 90-day period under investigation.

Part A. Total drinks by measure

Beverage = \_\_\_\_\_

Measure	Proportion of occasion for beverage <sup>a</sup>	×	Average number of drinks	=	Total drinks by measure
1, 2, or 3	0.____(A)	×	2	=	_____
4, 5, or 6	0.____(B)	×	5	=	_____
7 or more	0.____(C)	×	8	=	_____

Part B. Total drinks by occasion

Total drinks by measure 1, 2, or 3	+	Total drinks by measure 3, 4, or 5	+	Total drinks by measure, 7 or more	=	Total drinks by occasion
_____	+	_____	+	_____	=	_____

Part C. Average drinks of beverage per day

Total drinks by occasion	×	Frequency of consumption (occasions per day) <sup>b</sup>	=	Average drinks per day
_____	×	_____	=	_____

See: Calahan, D., Cisin, I. H., Crossly, H. M. 1969. *American Drinking Practices: A National Survey of Drinking Behavior and Attitudes*, pp. 213-215. Rutgers Center of Alcohol Studies, New Brunswick, N.J.

<sup>a</sup> See Appendix M, Table M-4.

<sup>b</sup> See Table M-5 (which converts responses of the appropriate beverage frequency question Q9W, Q10B, Q11L) to occasion per day.

Maximum Number of Drinks per Occasion	7 or more	Abstainers (1)	Infrequent Drinkers (2)	Low Volume High Maximum (4)	Medium Volume High Maximum (6)	High Volume High Maximum (8)
	6 or less			Low Volume Low Maximum (3)	Medium Volume Low Maximum (5)	High Volume Low Maximum (7)
0	00	0. to 0.04	0.05 to 0.58	0.59 to 1.49	1.50 or greater	
	Aggregate Volume (expressed as average number of drinks per day)					

Figure M-2. Volume-variability (V-V) index. (1) Abstainers: Those who drank less than once a year or never. (2) Infrequent Drinkers: Those who drank at least once in 3 months. (Modified—high maximum went from 5 or more to 7 or more. For original classification see Calahan et al., 1969, pp. 213-214.)

## BEHAVIOR RATING SCALE—SOCIAL, EMPLOYMENT, ECONOMIC, LEGAL, AND DRINKING

- Authors: Jeffrey M. Brandsma, Maxie C. Maultsby, Jr., and Richard J. Welsh
- Assessment Areas Covered: Social functioning, employment, legal, alcohol consumption, decision to drink/not drink, resource person, baseline
- Administration: Administered by an interviewer, at screening, in-treatment, and followup
- Design Features: 64 items; multiple-choice, yes/no, and completion questions
- Abstract: The Behavior Rating Scale was adapted by the authors for use in their 1972-77 study of outpatient treatment for 260 problem drinkers. The scale was used to evaluate changes in social functioning, employment record, and drinking pattern. It is described by the authors as the "bedrock" instrument of their study. The scale consists of individual scales--social, employment, economic, legal, and drinking. The scale was administered six times to subjects from pretreatment to followup. A modified form of the scale was administered to family members during the followup phase. The initial version of the scale was developed by Ludwig et al. (1970). The authors employed a version developed by Stein et al. (1975). Although the validity and reliability of the BRS social, employment, economic, legal, and drinking scales have not been rigorously established, Stein et al. proposed that "inferential validation" exists and were confident "that the BRS is a reasonably reliable and valid instrument" (p. 252).
- Related Published Reports: Brandsma, J.M.; Maultsby, M.C.; and Welsh, R.J. Outpatient Treatment of Alcoholism: A Review and Comparative Study. Baltimore: University Park Press, 1980.<sup>1</sup>
- Stein, L.L.; Newton, J.R.; and Bowman, R.S. Duration of hospitalization for alcoholics. Archives of General Psychiatry, 32:247-252, 1975.
- Ludwig, A.M.; Levine, J.; and Stark, L.H. LSD and Alcoholism: A Clinical Study of Treatment Efficacy. Springfield, Ill.: Thomas, 1970.
- Availability Source: Available in Brandsma et al. (1980), subject to copyright limitations.
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<sup>1</sup>Refer to volume 1 in this series, Summaries of Alcoholism Treatment Assessment Research, for a further discussion of Outpatient Treatment of Alcoholism, which contains the Behavior Rating Scale.

**BEHAVIOR RATING SCALE AND SCORING KEYS-**  
**SOCIAL, EMPLOYMENT, ECONOMIC, LEGAL, AND DRINKING**

**SOCIAL**

1. a. At the present time do you live alone or with someone?  
 Alone  With someone
- b. Where do you live?  
 My own house, trailer, or other owned quarters.  
 Rented (or provided) house, apartment, or trailer (with cooking facilities).  
 Rented (or provided) room, hotel, boarding house (without cooking facilities).  
 Other (Explain) \_\_\_\_\_
2. In the past 3 months (or since we last saw you) how many times have you changed your home address, if at all?  
 0-1 Move  2 Moves  3 or more moves
3. How many meals per day do you usually eat? \_\_\_\_\_ Where do you eat?

Meal	Home where I live	Work	Other
Breakfast	_____	_____	_____
Lunch (mid-day)	_____	_____	_____
Supper	_____	_____	_____
Other	_____		
	<input type="checkbox"/> all at work or other		
	<input type="checkbox"/> all at home		
	<input type="checkbox"/> some at home, some at work or other		

4. In the past 3 weeks have you usually eaten \_\_\_\_\_ by yourself or with someone? If with someone, do you usually know the person well?

Meal	Alone	With someone	Know well	
			Yes	No
Breakfast	_____	_____	_____	_____
Lunch (mid-day)	_____	_____	_____	_____
Supper	_____	_____	_____	_____
Other	_____			
	<input type="checkbox"/> 2 or more with someone			
	<input type="checkbox"/> 1 with someone			
	<input type="checkbox"/> 0 with someone			

5. In how many different places have you spent the night during the past month?  
 0-1 place  4 places  
 2 places  5 places  
 3 places  6 or more places
6. How many really close friends (including relatives) would you say you have at this time? \_\_\_\_\_  
 None  1 or more
7. How many of those friends have you talked to in the past week?  
 None  1 or more

8. How often in the past week have you gone out of your way to meet one of these friends? For example, by calling him, going to his house, going across the street to talk to him?  
 \_\_\_None \_\_\_\_\_1 or more
9. a. Do you belong to any organizations, clubs, groups or churches (excluding AA)?  
 \_\_\_No (Go to question 10) \_\_\_\_\_Yes  
*If yes:*  
 b. Which ones? \_\_\_\_\_  
 c. How many of these have you joined in the past 3 months (or since we last saw you)? \_\_\_\_\_  
 d. Do you serve as an officer in any of these groups?  
 \_\_\_No \_\_\_\_\_Yes  
 e. On the average, how many times each month do you go to meeting of these groups?
10. Are you presently affiliated with Alcoholics Anonymous?  
 \_\_\_No \_\_\_\_\_Yes
11. In the last 3 months (or since we last saw you), on the average, how many scheduled AA meetings per month have you attended (or total number of meetings in specified time period)? \_\_\_\_\_
12. a. In the last 3 months (or since we last saw you) were there any times you stopped by an AA meeting at times when no meeting was scheduled—to visit, find someone, ask questions?  
 \_\_\_No (Go to question 13) \_\_\_\_\_Yes  
*If yes:*  
 b. On the average, how many times each week have you done that?—
13. Do you have an AA sponsor assigned to you at the present time?  
 \_\_\_No \_\_\_\_\_Yes

### Scoring Key

Total score was derived by summing the weights for the following items:

Item	Item content	Responses	Weight
1A	Whom do you live with?	Alone	0
		With someone	1
1B	Where do you live?	Other	0
		Rented room	1
		Rented apt.	2
		Own home	3
		Missing	4
02	Number of moves since we last saw you	3+ moves	0
		2 moves	1
		0 or 1 move	2
		3 or more moves	3

Total score was derived by summing the weights for the following items:

Item	Item content	Responses	Weight
04	Total score for eating meals	No meals with others	0
		1 meal	1
		2+ meals	2
		Missing	3
05	Number of different places you have spent the night	6+	0
		5 places	1
		4	2
		3	3
		2	4
06	Number of close friends	0 or 1	5
		None	0
07	Number of friends talked with in last week	1 or more	1
		None	0
08	Number of friends you sought out in last week	1 or more	1
		None	0
09	Belong to any organizations except AA	Not in a group	0
		In a group	1
		Officer in group	2
10	Currently in AA	No	0
		Yes	1
12A	Have you gone by AA for visits?	No	0
		Yes	1
13	Currently have AA sponsor	No	0
		Yes	1

#### EMPLOYMENT

1. a. Are you employed at the present time?  
 No (Go to question 2)  
 Yes
- b. Do you work full time or part-time?  
 Full time       Part-time
- c. What hours during the day do you usually work? \_\_\_\_\_
- d. What days of the week do you usually work? \_\_\_\_\_  
 (Go to question 3)
2. a. What type of job did you last have? \_\_\_\_\_
- b. How long ago did you leave the job? \_\_\_\_\_
- c. Under what circumstances did you leave the job?  
 Quit       Fired       Retired  
 Laid off       Disabled       Other
- d. Have you looked for other work?  No       Yes

3. a. What type of job is it? \_\_\_\_\_
- b. How much do you earn? Per year \_\_\_\_\_ Per month \_\_\_\_\_  
 Per week \_\_\_\_\_ (Hollingshead # \_\_\_\_\_)
- \_\_\_\_\_1 \$0-50 per week, or presently unemployed  
 \_\_\_\_\_2 \$51-100  
 \_\_\_\_\_3 \$101-150  
 \_\_\_\_\_4 \$151-200  
 \_\_\_\_\_5 \$201-250  
 \_\_\_\_\_6 \$251+
- c. Do you receive room and/or board as payment for work?  
 \_\_\_\_\_No \_\_\_\_\_Yes \_\_\_\_\_Unemployed
- d. Are you self-employed?  
 \_\_\_\_\_No \_\_\_\_\_Yes
- e. Is the work temporary or permanent?  
 \_\_\_\_\_Temporary \_\_\_\_\_Permanent \_\_\_\_\_Unemployed
- f. Is the work steady or seasonal?  
 \_\_\_\_\_Steady \_\_\_\_\_Seasonal
4. How long have you had/did you have this job?  
 \_\_\_\_\_Unemployed \_\_\_\_\_6-12 months  
 \_\_\_\_\_<3 months \_\_\_\_\_1-2 years  
 \_\_\_\_\_3-6 months \_\_\_\_\_2 years +
5. a. In the last 3 months (or since we last saw you) have you missed work for any reasons when you were supposed to be there?  
 \_\_\_\_\_No (Go to question 6) \_\_\_\_\_Yes  
*If Yes:*
- b. How many days? \_\_\_\_\_
- c. How long ago was the last time? \_\_\_\_\_
- d. How many of these lost days were due to drinking in any form?  
 \_\_\_\_\_0 days \_\_\_\_\_6-9  
 \_\_\_\_\_1-2 \_\_\_\_\_10 or more  
 \_\_\_\_\_3-5 \_\_\_\_\_Not applicable
6. In the past 3 months (or since we last saw you) have you received a pay raise on the job?  
 \_\_\_\_\_No \_\_\_\_\_Yes
7. In the past 3 months (or since we last saw you) have you received any kind of promotion on the job?  
 \_\_\_\_\_No \_\_\_\_\_Yes
8. In the past 3 months (or since we last saw you) how many jobs have you held (consecutively or concurrently)?  
 \_\_\_\_\_None (Go to question 10) \_\_\_\_\_One \_\_\_\_\_More than one  
 (How many? \_\_\_\_\_)



9. In the past 3 months (or since we last saw you) how many jobs have you left because of drinking?  
 \_\_\_\_\_None \_\_\_\_\_One or more
10. a. What was the best job you ever had? \_\_\_\_\_  
 b. How much did you make? \_\_\_\_\_  
 \_\_\_\_\_per year  
 \_\_\_\_\_per month  
 \_\_\_\_\_per week  
 \_\_\_\_\_Hollingshead #

### Scoring Key

Total score was derived by summing the weights for the following items:

Item	Item content	Responses	Weight
1A	Current employment	No job	0
		Part-time job	1
		Full-time job	2
3B	Amount earned per week	Unemployed	0
		\$0-50	1
		\$51-100	2
		\$101-150	3
		\$151-200	4
		\$201-250	5
		\$251+	6
04	How long have you had this job?	Unemployed	0
		Employed	1
		Less than 3 months	2
		3-6 months	3
		6-12 months	4
		1-2 years	5
		2 years +	6
05	Days missed due to drinking	Not employed	0
		10+ days	1
		6-9 days	2
		3-5 days	3
		2-3 days	4
		0 days	5
06	Received a pay raise	No	0
		Yes	1
07	Received a promotion	No	0
		Yes	1
09	Number of jobs left because of drinking	1 or more	0
		None	1

ECONOMIC

1. a. How much money do you spend per month for rent and/or payments for where you live?  
 \$0 (Go to question 1d)  
 \$1-49  
 \$50-74  
 \$75-99  
 \$100
- b. Does that money go toward rent or purchase?  
 Rent (Go to question 2)     Purchase  
*If purchase:*
- c. How much do you owe at the present time? \_\_\_\_\_ (Go to question 2)
- d. Do you own your own home?  
 No                       Yes
2. a. Do you have a savings account that is in your name?  
 No (Go to question 3)     Yes  
*If yes:*
- b. How long have you had this one? \_\_\_\_\_
- c. How much is in it? \_\_\_\_\_
3. a. Do you have a checking account that is in your name?  
 No (Go to question 4)     Yes  
*If yes:*
- b. How long have you had this one? \_\_\_\_\_
- c. How many times have you overdrawn it in the past 3 months (or since we last saw you)?  
 0 times                       1 or more times
4. a. Do you have a car that is in your name?  
 No (Go to question 5)     Yes  
*If yes:*
- b. Are you making payments or do you own it clear?  
 Own it clear (Go to question 5)  
 Making payments
- c. How much do you owe? \_\_\_\_\_
- d. How long have you been making payments? \_\_\_\_\_
5. In the past 3 months (or since we last saw you) have you received any other financial assistance from any source (such as public welfare, job training scholarships, food stamps)?  
 No                       Yes  
*If yes:*  
From whom? \_\_\_\_\_
6. a. In the past 3 months (or since we last saw you) have you bought anything you would consider expensive?  
 No (Go to question 7)     Yes

7. How many credit cards or charge accounts do you have?  
 \_\_\_None \_\_\_One or more
8. In the past 3 months (or since we last saw you) have you fallen behind in paying your bills?  
 \_\_\_No \_\_\_Yes

**Scoring Key**

Total score was derived by summing the weights for the following items:

Item	Item content	Responses	Weight
1A	Amount per month for housing	Missing	0
		\$0	1
		\$1-49	2
		\$50-74	3
		\$75-99	4
		\$100 and over	5
		Own home	6
2C	Amount in savings	No savings account	0
		Less than \$100	1
		\$100-500	2
		\$501-1000	3
		More than \$1000	4
3A		Checking account	No checking account
	Checking overdrawn		1
	Checking not overdrawn		2
4A	Own a car	Do not own a car	0
		Making payments on a car	1
		Own car—no payments	2
05	Any welfare recently?	Yes	0
		No	1
07	Number of credit cards	None	0
		One or more	1
08	Fallen behind paying bills in last 3 months	Yes	0
		No	1

LEGAL

1. a. In the past 3 months (or since we last saw you) have you been picked up by the police at all, regardless of whether you went to jail or were guilty of anything?  
\_\_\_No (Go to question 2)      \_\_\_Yes
- b. How many times:  
\_\_\_0 times    \_\_\_1 time    \_\_\_2 or more times
- c. On what charges (or for what reason)? \_\_\_\_\_
2. a. In the past 3 months (or since we last saw you) have you spent any time in jail?  
\_\_\_No (Go to question 3)      \_\_\_Yes  
*If yes:*
- b. How many times?  
\_\_\_0 times    \_\_\_1 time    \_\_\_2 or more times
3. a. In the past 3 months (or since we last saw you) have you had a court appearance?  
\_\_\_No (Go to question 5)      \_\_\_Yes  
*If yes:*
- b. How many times?  
\_\_\_0 times    \_\_\_1 time    \_\_\_2 or more times
4. a. Have you been found guilty in any of the court appearances?  
\_\_\_No (Go to question 5)      \_\_\_Yes  
*If yes:*
- b. How many times?  
\_\_\_0 times    \_\_\_1 time    \_\_\_2 or more times
- c. What were the charges? \_\_\_\_\_
5. a. Are you on probation or parole at this time?  
\_\_\_No (Go to question 6)      \_\_\_Yes
- b. For how long were you sentenced? \_\_\_\_\_
- c. How much time remains to go? \_\_\_\_\_
- d. What were the charges? \_\_\_\_\_
6. a. In the past 3 months (or since we last saw you) have you been in any alcoholic treatment facility, county hospital, psychiatric hospital, prison, or reform school (excluding jail terms noted above)?  
\_\_\_No (Go to question 7)      \_\_\_Yes
- b. Which one? \_\_\_\_\_
- c. From what date(s) to what date(s)? \_\_\_\_\_
- d. Under what charges or conditions? \_\_\_\_\_
7. a. In the past 3 months (or since we last saw you) have you received any traffic tickets (excluding parking tickets)?  
\_\_\_No (Go to question 8)      \_\_\_Yes  
*If yes:*

- b. How many altogether?  
 0 times     1 time     2 or more times
- c. How many were moving violations? \_\_\_\_\_
- d. How many violations involved drinking in any way? \_\_\_\_\_
8. a. In the past 3 months (or since we last saw you) have any driving-under-the-influence charges been brought against you?  
 No (Go to question 9)     Yes  
*If yes:*
- b. How many?  
 0 times     1 time     2 or more times
9. Do you have a driver's license?  No     Yes
10. Have you had a driver's license revoked (or suspended) in the past 3 months (or since we last saw you)?  
 No     Yes
11. a. Are there any charges now pending against you (other than those already noted here)?  No     Yes  
*If yes:*
- b. What are they? \_\_\_\_\_

### Scoring Key

Total score was derived by summing the weights for the following items:

Item	Item content	Responses	Weight
1B	How many times arrested	Missing	0
		0 times	1
		1 time	2
		2 or more	3
2B	How many times in jail?	Missing	0
		0 times	1
		1 time	2
		2 or more	3
3B	Number of court appearances	Missing	0
		0 times	1
		1 time	2
		2 or more	3
4B	Number of times guilty	Missing	0
		0 times	1
		1 time	2
		2 or more	3
5A	On probation or parole?	No	0
		Yes	1
6A	Been in any alcoholic treatment center	No	0
		Yes	1
7B	Number of tickets	Missing	0
		0 tickets	1
		1 ticket	2
		2 or more	3
8B	How many DWIs?	Missing	0
		0 times	1
		1 time	2
		2 or more	3
09	Have driver's license?	Yes	0
		No	1
10	License been revoked or suspended?	No	0
		Yes	1

## BEHAVIOR RATING SCALE-DRINKING

### INSTRUCTIONS

At first, converse with the S in a general way about drinking. How have things been going? Have you been drinking at all? Have you been completely abstinent? With these general notions, then go to the specific questions.

1. In the last 3 months (or since we last saw you) have you drunk any alcoholic beverages at all?  
 No (Implies complete abstinence) (Go to question 2)  
 Yes (Go to question 4)
2. What is the one main reason you have stayed abstinent?  
 I am not so worried, depressed, or anxious.  
 I have more responsibilities to think about.  
 I have fewer responsibilities to think about.  
 I don't like the bad effects liquor has on me.  
 Other (Specify) \_\_\_\_\_  
 Don't know
3. How much do you miss drinking?  
1 Not at all  
2 Very little  
3 Some moderate amount  
4 A lot  
5 Very much (a great deal)  
(Go to question 13)
4. a. Have you been drinking *more* in the last 3 months (or since we last saw you) than you were in the previous comparable time period?  
 No (Go to question 5)     Yes  
*If yes:*  
b. What is the one main reason you have been drinking more lately?  
 I am more worried, anxious, or depressed.  
 I have more responsibilities to think about.  
 I have fewer responsibilities to think about.  
 I enjoy drinking more.  
 Other (Specify) \_\_\_\_\_  
 Don't know.  
(Go to question 7)
5. a. Was/were there any period(s) of time in the last 3 months (or since we last saw you) when you didn't have any alcohol to drink for more than 1 day at a time? (Dry)  
 No (Go to question 6)     Yes  
*If yes:*

- b. About how many times have you done this in the last 3 months (or since we last saw you)? \_\_\_\_\_
  - c. From what date(s) to what date(s)? \_\_\_\_\_
  - d. What was the main factor associated with your stopping drinking and becoming dry at that time?
    - \_\_\_ Became too sick to go on (or passed out).
    - \_\_\_ Someone else forced me to stop.
    - \_\_\_ Ran out of money.
    - \_\_\_ I no longer felt a need to keep drinking.
    - \_\_\_ I decided to stop.
    - \_\_\_ Other (explain) \_\_\_\_\_
    - \_\_\_ Don't know.
6. In the last 3 months (or since we last saw you), how often have you stopped after taking one or two drinks?
- 1 Never
  - 2 Very few times
  - 3 Sometimes
  - 4 Many times

The next few questions will ask you about your use of various types of drinks, i.e., wine, beer, and hard liquor.

Please tell me how often you usually have had (*beverage*) in the last 3 months (or since we last saw you).

	(7.) Wine	(8.) Beer	(9.) Liquor (hard)
3 or more times/day	_____	_____	_____
2/day	_____	_____	_____
1/day	_____	_____	_____
Nearly every day	_____	_____	_____
3-4/week	_____	_____	_____
1-2/week	_____	_____	_____
2-3/week	_____	_____	_____
about 1/month	_____	_____	_____
Less than 1/month; but at least 1/3 months	_____	_____	_____
Never	_____	_____	_____

(Any beverage that is never drunk should be deleted from questions 10, 11, and 12.)

A. Think of all the times you have had (*beverage*) in the last 3 months (or since we last saw you). When you have drunk (*beverage*) recently how often have you had 1 or 2 or 3 (*measure[s]*)? (Measures = glasses for wine; cans or glasses for beer; drinks or shots for hard liquor.)

	10.	11.	12.
	Wine	Beer	Hard liquor
a.	Nearly every time		
b.	Often; more than half the time		
c.	Sometimes; less than half the time		
d.	Once in a while		
e.	Never		

B. When you have drunk (*beverage*) recently, how often have you had 4 or 5 or 6 (*measure[s]*)?

	Wine	Beer	Hard liquor
a.	Nearly every time		
b.	Often; more than half the time		
c.	Sometimes; less than half the time		
d.	Once in a while		
e.	Never		

C. When you have drunk (*beverage*) recently, how often have you had 7 or more (*measure[s]*)?

	Wine	Beer	Hard liquor
a.	Nearly every time		
b.	Often; more than half the time		
c.	Sometimes; less than half the time		
d.	Once in a while		
e.	Never		

13. a. Do you smoke at the present time?

\_\_\_ No (Go to question 14)

\_\_\_ Yes \_\_\_ Cigarettes \_\_\_ Cigars \_\_\_ Pipe

14. a. In the past 3 months (or since we last saw each other) have you used any alcoholic substitutes (such as canned heat, shaving lotion, hair tonic)?

\_\_\_ No (Go to question 15)

\_\_\_ Yes, once

\_\_\_ Yes, several times

*If yes:*

b. Once you started using such a substitute, how many cans or bottles did you drink per day? \_\_\_ Per week? \_\_\_

c. Once you started, how long did you go on drinking it? \_\_\_\_\_



15. In the past 3 months (or since we last saw you) have you used any drugs or medication, such as sleeping pills, pep pills, tranquilizers, reefers, narcotics, hallucinogens, in an abusive manner?  
 No  Yes (Explain) \_\_\_\_\_
16. Do you want to be able to have 2 or 3 drinks and be able to stop?  
 No  Yes  Don't know
17. Do you think there will be a time when you can have 2 or 3 drinks and stop?  
 No  Yes  Don't know
18. Do you want to stop drinking completely?  
 No  Yes  Don't know
19. Do you think there will be a time when you will stop drinking completely for good?  
 No  Yes  Don't know
20. a. Are you presently taking any medications?  No (Go to question 21)  
 Yes What is it? \_\_\_\_\_
- b. What are you taking it for?  
 Control my drinking  
 Relieve symptoms of drinking  
 Alleviate nervousness  
 Other (Explain) \_\_\_\_\_  
 Don't know
21. I have here some reasons that various other people have said were reasons for their drinking. I'll read these and I would like to have you tell me how important each one was to *you* as a reason why you drank in the last 3 months (or since we last saw you). I'm not interested in the effect alcohol had on you, or how it made you feel, but rather why you might have had the first drink, or why you might have continued to drink.

	1 Very important	2 Fairly important	3 Not at all important
a. I drank because it helped me to relax	2	1	0
b. I drank to be sociable	X	X	X
c. I liked the taste	X	X	X
d. I drank because the people I knew drank	X	X	X
e. I drank when I wanted to forget everything	2	1	0
f. I drank to celebrate special occasions	X	X	X
g. A drink helped me to forget my worries	2	1	0
h. A small drink improved my appetite for food	X	X	X
i. I accepted a drink because it was the polite thing to do in certain situations	X	X	X
j. A drink helped cheer me up when I was in a bad mood	2	1	0
k. I drank because I needed it when I was tense and nervous	2	1	0
l. I drank because it helped me to work better	X	X	X
m. A drink helped me to be more alert mentally	X	X	X
n. I drank because it helped me to feel superior	X	X	X

22. Are there any other reasons you can think of why you start or continue drinking?

## QUANTITY-FREQUENCY-VARIABILITY INDEX

- Authors:** Don Cahalan, Ira H. Cisin, and Helen M. Crossley
- Assessment Areas Covered:** Alcohol consumption quantity/frequency, alcohol dependence syndrome, severity of
- Administration:** Administered by an interviewer; respondents fill in a series of questions provided in a booklet; at screening, intake, and followup
- Design Features:** Multiple-choice questions, easily administered
- Abstract:** The Quantity-Frequency-Variability Index was developed for the national survey of American drinking practices conducted by the Social Research Group, George Washington University, in 1967. The index is used to classify individuals into groups according to their alcohol consumption behavior. This widely used index generates five classifications of drinkers: abstainers, infrequent drinkers, light drinkers, moderate drinkers, and heavy drinkers. The authors made the following observation concerning the validity of the Q-F-V Index (Cahalan et al. 1969, pp. 10-11): "The validity of the questions on quantity and frequency of consumption of alcoholic beverages in the national survey was subjected to test in a small-scale study conducted in Richmond, Va. In this study, the interview was administered to 81 persons who were presumed to include a higher-than-average proportion of heavy drinkers, on the grounds that they had been registered at an alcoholism clinic (although they had not undergone treatment). . . . The findings of the pilot study were that most of the alcoholism-clinic registrants freely specified a present or past level of consumption which would clearly qualify them as heavy drinkers by any criteria. . . . this preliminary study showed such a large difference between the criterion and comparison groups, both in levels of past drinking and in "escape" reasons for drinking, that the findings are regarded as providing a sufficient validation of the interview method for the purpose of comparing drinking behavior among subgroups within the general population."
- Related Published Reports:** Cahalan, D.; Cisin, I.H.; and Crossley, H.M. American Drinking Practices, a National Study of Drinking Behavior and Attitudes. New Brunswick, N.J.: Rutgers Center of Alcohol Studies, 1969.
- Cahalan, D., and Cisin, C. American drinking practices: Summary of findings from a national probability sample: II. Measurement of massed versus spaced drinking. Quarterly Journal of Studies on Alcohol, 29:642-656, 1968.
- Cahalan, D.; Cisin, I.H.; and Crossley, H.M. American Drinking Practices: A National Survey of Behavior and Attitudes Related to Alcoholic Beverages. Report No. 3. Washington, D.C.: Social Research Group, The George Washington University, 1967.
- Availability Source:** Publications Division, Rutgers Center of Alcohol Studies, New Brunswick, New Jersey 08854

## QUANTITY-FREQUENCY-VARIABILITY INDEX

(The following description of the Quantity-Frequency-Variability Index is reprinted by permission of the authors, Cahalan et al. [1967], pp. 22-25.)

Building on the earlier types of quantity-frequency analysis this system took into account the following factors:

The type of beverage consumed--whether beer, wine, or spirits.

The amount of a beverage consumed at a sitting. This was measured separately for wine, beer and spirits by asking how often the person had as many as five or six, or three or four, or one or two drinks.

The frequency with which each beverage was usually drunk.

The variability of drinking, as shown by the modal (most usual) amount consumed as well as the highest amount drunk at least occasionally.

The method of measuring frequency, quantity and variability was as follows:

Respondents were first handed a small, four-page, multi-colored booklet as the interviewer made the statement, "The next few questions ask you about your own use of various types of drinks. Will you please take this booklet and on the first page put a check mark next to the answer that tells how often you usually have wine... Now please turn to the green page and do the same for beer... Now please turn to the pink page and do the same for drinks containing whiskey or liquor, including scotch, bourbon, gin, vodka, rum, etc... And now turn to the yellow page and please check how often you have any kind of drink containing alcohol, whether it is wine, beer, whiskey or any other drink."

On the booklet, Wine was further defined as "(or a punch containing wine)"; and "Drinks containing whiskey or Liquor" were further defined as "(such as Martinis, Manhattans, highballs, or straight drinks)."

The frequency scale for each beverage printed in the booklet to be checked by respondents was as follows:

"Three or more times a day  
Two times a day  
Once a day  
Nearly every day  
Three or four times a week  
Once or twice a week  
Two or three times a month  
About once a month  
Less than once a month but  
at least once a year  
Less than once a year  
I have never had wine (beer, drinks  
containing whiskey or liquor, any  
kind of beverage containing alcohol)"

The rationale back of having a scale so heavily loaded with responses indicating very frequent drinking was to give the respondent the impression that no matter how frequently he drank, there must be many others who drank even more frequently than he--thus possibly reducing any reluctance to check a category indicating frequent drinking.

For each of the three types of beverages, three questions measuring quantity and variability were then asked in series:

"Think of all the times you have had \_\_\_\_\_ recently. When you drink \_\_\_\_\_, how often do you have as many as five or six...?"

"When you drink \_\_\_\_\_, how often do you have three or four...?"

"When you drink \_\_\_\_\_, how often do you have one or two?"

Quantity was expressed in terms of "glasses" for wine, "glasses or cans" for beer, and "drinks" for beverages containing whiskey or liquor. The response categories were: "Nearly every time"; "More than half the time"; "Less than half the time"; "Once in a while"; and "Never."

These questions on quantity consumed and relative frequency were asked for each beverage which the respondent reported drinking about once a month or more often. The replies permitted classification of each respondent by "modal quantity" for each beverage (i.e., the quantity he drank "nearly every time" or "more than half the time") and by the maximum quantity he drank at least "once in a while." Thus a person who said that when he had beer he had one or two glasses or cans more than half the time, but once in a while drank five or more, would be classified as having a modal quantity of one or two and a maximum of five or more.

This two-way approach permitted the following quantity-variability classification for each beverage:

<u>Quantity-Variability Class</u>	<u>Modal quantity</u> ("nearly every time" or "more than half the time")	<u>Maximum quantity</u> (Highest quantity drunk)
1	5-6	5-6
2	3-4	5-6 "less than ½ time"
3	3-4	5-6 "once in a while"
4	Not specified	5-6 "less than ½ time"
5	3-4	(3-4)
6	1-2	5-6 "less than ½ time"
7	Not specified	5-6 "once in a while"
8	1-2	5-6 "once in a while"
9	1-2	3-4 "less than ½ time"
10	1-2	3-4 "once in a while"
11	1-2	(1-2)

In order to classify each drinker into one of five overall quantity-frequency-variability (Q-F-V) groups, a cross-tabulation was made of the frequency of overall drinking of any beverage containing alcohol (from "three or more times a day" down to "never had") against the above quantity-variability classification for the particular beverage respondent used most frequently (or, if two beverages were tied in frequency, the beverage which he drank in greatest quantity). These groupings were then combined into the five overall Q-F-V classes used in much of this analysis (Heavy, Moderate, Light, or Infrequent Drinkers and Abstainers). These consist of the following types (they are shown graphically in Figure 1):

Figure 1

Definition of Quantity-Frequency-Variability (Q-F-V) Groups

QUANT.-VAR. CLASS FOR BEVERAGE DRUNK MOST OFTEN

F R E Q U E N C Y O F D R I N K I N G  A N Y A L C O H O L I C B E V E R A G E	(High)										(Low)
	1	2,3	4	5	6	7	8	9	10	11	
3 or More Times a Day	///	///	///	///	///	///	///	///	///	///	///
Two Times a Day	///	///	///	HEAVY DRINKERS	///	///	///	///	///	/	/
Once a Day	///	///	///	(n=324)	///	///	///	///	/	/	.
Nearly Every Day	///	///	///	///	///	///	///	///	/	/	.
3-4 Times a Week	///	///	///	///	///	///	///	///	/	.	.
1-2 Times a Week	///	///	///	///	///	MODERATE DRINKERS	///	///	/	/	.
2-3 Times a Month	///	///	///	///	///	(n=354)	///	///	.	.	DRINKERS
About Once a Month	/	/	/	/	/	/	/	/	.	.	(n=766)
Less Than Once a Month but at least Once a Yr.	.	.	.	INFREQUENT DRINKERS <sup>#</sup>	.	.	.	.	.	.	.
	.	.	.	(n=404)	.	.	.	.	.	.	.
Less Than Once a Year or Never	.	.	.	ABSTAINERS <sup>#</sup>	.	.	.	.	.	.	.
	.	.	.	(n=898)	.	.	.	.	.	.	.

<sup>#</sup> Not asked quantity questions.

## MUNICH ALCOHOLISM TEST (MALT)

- Authors: W. Feuerlein, C. Ringer, H. Kufner, and K. Antons
- Assessment Areas Covered: Diagnosis, prognosis, physical health, alcohol dependence syndrome, severity of
- Administration: Self-administered with corroborative data submitted by a physician; at screening
- Design Features: Easily administered; 7 medical history items completed by a physician and 24 true/not true items completed by the subject

**Abstract:** The MALT was developed as a diagnostic instrument, the purpose of which is to distinguish alcoholics and near-alcoholics from nonalcoholics in a general population. It consists of two parts. The first part deals with alcoholism-related medical criteria and is completed by a physician based on a medical assessment of the subject. The second part consists of a 24-item, MAST-like scale that is quickly and easily self-administered by the subject. The MALT scale items were tested and developed with a group of clinically diagnosed alcoholics and a matched sample of controls that included patients reporting to clinics that were undergoing a variety of medical, surgical, and psychiatric treatments. The study was based on a total of 1,335 individuals, 661 of whom were alcoholics. Roughly 250 diagnostically relevant items from the research literature and those postulated by the authors were analyzed.

The WHO description of alcoholism was used as the operational definition for the MALT--thus, like the WHO definition it has both medical and socio-behavioral components. The physician's section is completed based on a physical examination, laboratory tests, and the subject's medical history. The 24 items of the self-assessment section contain the following diagnostically relevant subscales: drinking behavior and attitude toward drinking (items 3, 5, 6, 12, 14, 15, 16, 17, 18, 19, and 22), emotional and social impairment due to alcohol (items 4, 7, 10, 11, 13, 20, 21, 23, and 24), and somatic complaints (items 1, 2, and 9). The authors stress the importance of the supplementary nature of the two components to each other.

The medical component items are weighted with a score of 4, and items in the self-report component are weighted 1 point each. Thus, there is a total possible high score of 52 points if a subject scores positively on all of the items. A score of 11 or higher is indicative of the presence of alcoholism. With a score of between 6 and 10 points, the presence of alcoholism should be considered suspected.

Through psychometric analysis the MALT was found to have a validity of  $r = .85$  (Feuerlein et al. 1980). Skinner et al. (1980), however, in their analysis of the MALT using 106 males in the Canadian Armed Forces found the medical component less accurate than the self-report component in diagnosing alcoholism among younger subjects. Skinner et al. raised the point that ". . . diagnostic tests for alcoholism that incorporate medical items may not be useful for younger age groups because they may not have been drinking long enough to develop clinical signs." Skinner et al. nevertheless concluded that, "Increased knowledge about the diagnostic validity of both medical and sociobehavioral items, and an understanding of factors that determine their interrelationships, should allow a more rational approach to the early detection and treatment of alcohol abuse and dependence."

Related Published Reports:

Feuerlein, W.; Ringer, C.; Kufner, H.; and Antons, K. Diagnosis of alcoholism: The Munich alcoholism test (MALT). In: Galanter, M., ed. Currents in Alcoholism. Vol. VII. Recent Advances in Research and Treatment. New York: Grune & Stratton, 1980.

Skinner, H.A.; Holt, S.H.; Allen, B.A.; and Haakonson, N.H. Correlation between medical and behavioral data in the assessment of alcoholism. Alcoholism: Clinical and Experimental Research, 4(4):371-377, 1980.

Feuerlein, W.; Ringer, C.; and Kufner, H. Diagnose des alkoholismus der Munchner alkoholismust est (MALT). Munchener Medizinische Wochenschrift (Munich), 119:1275-1282, 1977.

Feuerlein, W.; Kufner, H.; and Ringer, C. Munich Alcoholism Test Manual. Translated by the Multilingual Services Division, Secretary of State, Canada, 1979.

Ringer, C.; Kufner, H.; Feuerlein, W.; and Antons, K. Evaluation of the "Criteria for the diagnosis of alcoholism": An empirical study. Journal of Studies on Alcohol, 38:1259-1273, 1977.

Availability Source: Julius Beltz GmbH & Co. KG, Beltz Test, Postfach 1120, 6940 Weinheim/Bergstr., Federal Republic of Germany

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## THE MUNICH ALCOHOLISM TEST (MALT)

### Items To Be Assessed by the Physician

1. Diseases of the liver  
(at least one symptom found on physical examination in addition to one positive laboratory test)
2. Polyneuropathy  
(only if no other cause is known, e.g., diabetes mellitus)
3. Delirium tremens  
(on the present examination or previously)
4. Alcohol consumption of more than 150 ml (women 120 ml) of pure alcohol a day at least continued over several months
5. Alcohol consumption of more than 300 ml (women 240 ml) of pure alcohol at least once a month (alcoholic benders)
6. Foetor alcoholicus  
(at the time of medical examination)
7. Spouse, family members or good friends have sought help because of alcohol-related problems of the patient  
(e.g., from a physician, social worker, or other appropriate source)

### Items To Be Assessed by the Patient as Being "True" or "Not True"

1. My hands have been trembling a lot recently.
2. In the morning I sometimes have the feeling of nausea.
3. I have sometimes tried to get rid of my trembling and nausea with alcohol.
4. At the moment I feel miserable because of my problems and difficulties.
5. It is not uncommon that I drink alcohol before lunch.
6. After the first glass or two of alcohol I feel a craving for more.
7. I think about alcohol a lot.
8. I have sometimes drunk alcohol even against my doctor's advice.
9. When I drink a lot of alcohol, I tend to eat little.
10. At work I have been criticized because of my drinking.
11. I prefer drinking alone.
12. Since I have started drinking I have been in worse shape.
13. I have often had a guilty conscience about drinking.
14. I have tried to limit my drinking to certain occasions or to certain times of the day.
15. I think I ought to drink less.
16. Without alcohol I would have fewer problems.
17. When I am upset I drink alcohol to calm down.
18. I think alcohol is destroying my life.
19. Sometimes I want to stop drinking, and sometimes I don't.
20. Other people can't understand why I drink.
21. I would get along better with my spouse if I didn't drink.
22. I have sometimes tried to get along without any alcohol at all.
23. I'd be content if I didn't drink.
24. People have often told me that they could smell alcohol on my breath.



## THE SOCIAL READJUSTMENT RATING SCALE

- Authors:** Thomas H. Holmes and Richard H. Rahe
- Assessment Areas Covered:** Major life change, life events, prognosis
- Administration:** "Each patient is asked to fill out his own questionnaire by indicating the number of times each of the [43] events listed on the schedule has occurred during a specific period. Various time periods have been used, ranging from 10 years to 1 year or less. When patients are unable to fill out their own questionnaires, the schedule has been used as a framework for a structured interview, with satisfactory data usually obtained. In some research, a specific event, such as imprisonment, has been used as a point of departure, and the subject is asked about a given number of years before and after the event that led to his apprehension." (Amundson et al. 1981) The Social Readjustment Rating Scale is administered at screening and followup.
- Design Features:** Uses 43 life-event items selected because they were observed to have occurred in a large number of patients preceding the onset of illness.
- Abstract:** A method generated by psychophysics has been used to construct the Social Readjustment Rating Scale, which consists of 43 life-event items that require change in individual adjustment. The SRRS evolved from the "life chart" concepts developed by Adolf Meyer. Information about the time and frequency of occurrence of life-change events was gathered in several populations by a standardized paper-and-pencil test, the Schedule of Recent Experience. Holmes and Rahe (1967) state "only some of the events are negative or 'stressful' in the conventional sense, i.e., are socially undesirable. Many are socially desirable and consonant with the American values of achievement, success, materialism, practicality, efficiency, future orientation, conformism and self-reliance. There was identified, however, one theme common to all these life events. The occurrence of each usually evoked or was associated with some adaptive or coping behavior on the part of the involved individual."
- The greater the magnitude of life change (or life crisis), the greater the probability that the life change would be associated with disease onset, and the greater the probability that the population at risk would experience disease. There is also suggested a strong positive correlation between magnitude of life change (life crisis) and seriousness of the chronic illness experienced. The major health changes observed covered a wide range of psychiatric, medical, and surgical diseases.
- It is proposed that life-change events, by evoking adaptive efforts by the human organism that are faulty in kind and duration, lower "bodily resistance" and enhance the probability of disease occurrence. Dr. Holmes postulates that, "the more change you have, the more likely you are to get sick. Of those people with 300 or more Life Change Units for the past year, almost 80 percent get sick in the near future; with 150 to 299 Life Change Units, about 50 percent get sick in the near future; and with less than 150 Life Change Units, only about 30 percent get sick in the near future. So, the higher your Life Change Score, the harder you should work to stay well."
- Both the Scale and data related to its methodological origin are reproduced here.

- Related Published Reports: Amundson, M.E.; Hart, C.A.; and Holmes, T.H. About the Schedule of of Recent Experience. Psychiatric Annals, 11(6):19, 1981.
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- Rahe, R.H.; Mahan, J.L.; and Arthur, R.J. Prediction of near-future health change from subjects' preceding life changes. Journal of Psychosomatic Research, 14:401-406, 1970.
- Skinner, H.A., and Lei, H. The multidimensional assessment of stressful life events. The Journal of Nervous and Mental Disease, 168(9):535-541, 1980.

Availability Source: Thomas H. Holmes, M.D., Department of Psychiatry and Behavioral Sciences RP-10, University of Washington, Seattle, Washington 98195

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## THE SOCIAL READJUSTMENT RATING SCALE

### METHOD

A sample of convenience composed of 394 subjects completed the paper and pencil test (Table 1). (See Table 2 for characteristics of the sample.) The items were the 43 life events empirically derived from clinical experience. The following written instructions were given to each subject who completed the Social Readjustment Rating Questionnaire (SRRQ).

- (A) Social readjustment includes the amount and duration of change in one's accustomed pattern of life resulting from various life events. As defined, social readjustment measures the intensity and length of time necessary to accommodate to a life event, *regardless of the desirability of this event.*
- (B) You are asked to rate a series of life events as to their relative degrees of necessary readjustment. In scoring, *use all of your experience* in arriving at your answer. This means personal experience where it applies as well as what you have learned to be the case for others. Some persons accommodate to change more readily than others; some persons adjust with particular ease or difficulty to only certain events. Therefore, strive to give your opinion of the average degree of readjustment necessary for each event rather than the extreme.
- (C) The mechanics of rating are these: Event 1, Marriage, has been given an arbitrary value of 500. As you complete each of the remaining events think to yourself, "Is this event indicative of more or less readjustment than marriage?" "Would the readjustment take longer or shorter to accomplish?" If you decide the readjustment is more intense and protracted, then choose a *proportionately larger* number and place it in the blank directly opposite the event in the column marked "VALUES." If you decide the event represents less and shorter readjustment than marriage then indicate how much less by placing a *proportionately smaller* number in the opposite blank. (If an event requires intense readjustment over a short time span, it may approximate in value an event requiring less intense readjustment over a long period of time.) If the event is equal in social readjustment to marriage, record the number 500 opposite the event.

The order in which the items were presented is shown in Table 1.

TABLE 1. SOCIAL READJUSTMENT RATING QUESTIONNAIRE

Events	Values
1. Marriage	500
2. Troubles with the boss	—
3. Detention in jail or other institution	—
4. Death of spouse	—
5. Major change in sleeping habits (a lot more or a lot less sleep, or change in part of day when asleep)	—
6. Death of a close family member	—
7. Major change in eating habits (a lot more or a lot less food intake, or very different meal hours or surroundings)	—
8. Foreclosure on a mortgage or loan	—
9. Revision of personal habits (dress, manners, associations, etc.)	—
10. Death of a close friend	—
11. Minor violations of the law (e.g. traffic tickets, jay walking, disturbing the peace, etc)	—
12. Outstanding personal achievement	—
13. Pregnancy	—
14. Major change in the health or behavior of a family member	—
15. Sexual difficulties	—
16. In-law troubles	—
17. Major change in number of family get-togethers (e.g. a lot more or a lot less than usual)	—
18. Major change in financial state (e.g. a lot worse off or a lot better off than usual)	—
19. Gaining a new family member (e.g. through birth, adoption, oldster moving in etc.)	—
20. Change in residence	—
21. Son or daughter leaving home (e.g. marriage, attending college, etc.)	—
22. Marital separation from mate	—
23. Major change in church activities (e.g. a lot more or a lot less than usual)	—
24. Marital reconciliation with mate	—
25. Being fired from work	—
26. Divorce	—
27. Changing to a different line of work	—
28. Major change in the number of arguments with spouse (e.g. either a lot more or a lot less than usual regarding childrearing, personal habits, etc.)	—
29. Major change in responsibilities at work (e.g. promotion, demotion, lateral transfer)	—
30. Wife beginning or ceasing work outside the home	—
31. Major change in working hours or conditions	—
32. Major change in usual type and/or amount of recreation	—
33. Taking on a mortgage greater than \$10,000 (e.g. purchasing a home, business, etc.)	—
34. Taking on a mortgage or loan less than \$10,000 (e.g. purchasing a car, TV, freezer, etc.)	—
35. Major personal injury or illness	—
36. Major business readjustment (e.g. merger, reorganization, bankruptcy, etc.)	—
37. Major change in social activities (e.g. clubs, dancing, movies, visiting, etc.)	—
38. Major change in living conditions (e.g. building a new home, remodeling, deterioration of home or neighborhood)	—
39. Retirement from work	—
40. Vacation	—
41. Christmas	—
42. Changing to a new school	—
43. Beginning or ceasing formal schooling	—

The social readjustment rating scale

TABLE 2. PEARSON'S COEFFICIENT OF CORRELATION BETWEEN DISCRETE GROUPS IN THE SAMPLE

Group	No. in group		Group	No. in group	Coefficient of correlation
Male	179	vs.	Female	215	0.965
Single	171	vs.	Married	223	0.960
Age < 30	206	vs.	Age 30-60	137	0.958
Age < 30	206	vs.	Age > 60	51	0.923
Age 30-60	137	vs.	Age > 60	51	0.965
1st Generation	19	vs.	2nd Generation	69	0.908
1st Generation	19	vs.	3rd Generation	306	0.929
2nd Generation	69	vs.	3rd Generation	306	0.975
< College	182	vs.	4 Years of College	212	0.967
Lower class	71	vs.	Middle class	323	0.928
White	363	vs.	Negro	19	0.820
White	363	vs.	Oriental	12	0.940
Protestant	241	vs.	Catholic	42	0.913
Protestant	241	vs.	Jewish	19	0.971
Protestant	241	vs.	Other religion	45	0.948
Protestant	241	vs.	No religious preference	47	0.926

RESULTS

The Social Readjustment Rating Scale (SRRS) is shown in Table 3. This table contains the magnitude of the life events which is derived when the mean score, divided by 10, of each item for the entire sample is calculated and arranged in rank order. That consensus is high concerning the relative order and magnitude of the means of items is demonstrated by the high coefficients of correlation (Pearson's  $r$ ) between the discrete groups contained in the sample. Table 2 reveals that all the coefficients of correlation are above 0.90 with the exception of that between white and Negro which was 0.82. Kendall's coefficient of concordance ( $W$ ) for the 394 individuals was 0.477, significant at  $p = < 0.0005$ .

TABLE 3. SOCIAL READJUSTMENT RATING SCALE

Rank	Life event	Mean value
1	Death of spouse	100
2	Divorce	73
3	Marital separation	65
4	Jail term	63
5	Death of close family member	63
6	Personal injury or illness	53
7	Marriage	50
8	Fired at work	47
9	Marital reconciliation	45
10	Retirement	45
11	Change in health of family member	44
12	Pregnancy	40
13	Sex difficulties	39
14	Gain of new family member	39
15	Business readjustment	39
16	Change in financial state	38
17	Death of close friend	37
18	Change to different line of work	36
19	Change in number of arguments with spouse	35
20	Mortgage over \$10,000	31
21	Foreclosure of mortgage or loan	30
22	Change in responsibilities at work	29
23	Son or daughter leaving home	29
24	Trouble with in-laws	29
25	Outstanding personal achievement	28
26	Wife begin or stop work	26
27	Begin or end school	26
28	Change in living conditions	25
29	Revision of personal habits	24
30	Trouble with boss	23
31	Change in work hours or conditions	20
32	Change in residence	20
33	Change in schools	20
34	Change in recreation	19
35	Change in church activities	19
36	Change in social activities	18
37	Mortgage or loan less than \$10,000	17
38	Change in sleeping habits	16
39	Change in number of family get-togethers	15
40	Change in eating habits	15
41	Vacation	13
42	Christmas	12
43	Minor violations of the law	11

## ALCOHOL DEPENDENCE SCALE (ADS)

**Authors:** John L. Horn, Harvey A. Skinner, Kenneth W. Wanberg, and F. Mark Foster

**Assessment Areas Covered:** Alcohol dependence syndrome, severity of, withdrawal symptoms, obsessive-compulsive drinking style, diagnosis, prognosis

**Administration:** Self-administered (approximately 10 minutes), at screening, intake, and followup

**Design Features:** The 25 multiple-choice items of the Alcohol Dependence Scale may be administered in either a questionnaire or interview format. Generally, the ADS should take less than 10 minutes to complete. The ADS could be given at intake to treatment, as well as at regular intervals following treatment to provide an index of treatment outcome. This instrument can be easily scored by hand. In summary, the Alcohol Dependence Scale offers considerable potential as both a research and clinical diagnostic tool.

**Abstract:** The Alcohol Dependence Scale was developed to provide a brief but psychometrically sound measure of the alcohol dependence syndrome. A cardinal element of the alcohol dependence syndrome is the extent to which impaired control over alcohol is manifested. Other aspects include severe alcohol withdrawal symptoms, awareness of a compulsion to drink excessively, increased tolerance to alcohol, and salience of drink-seeking behavior.

The first major evaluation of the Alcohol Dependence Scale was conducted by Skinner and Allen (1982). In brief, this study found ADS to be quite reliable, and it correlated in predictable ways with clinic attendance, physical symptoms, and psychosocial problems. Further reliability and validity studies, as well as extensive normative data, are given in the ADS User's Guide. Reliability estimates for the ADS are above .90. A factor analysis of intercorrelations among the ADS items found a predominant first factor, which indicates that the ADS items form a unidimensional scale. The scale scores in clinical samples conform quite closely to a normal distribution, which supports a dimensional or quantitative interpretation of the severity of alcohol dependence. In various validity studies, it was found that: (1) patients who scored high on the ADS were less likely to keep treatment appointments; (2) higher levels of alcohol dependence were associated with greater quantities of alcohol consumed and various psychosocial problems related to excessive drinking (e.g., poor social stability, low self-esteem, physical symptoms); (3) an increased prevalence of digestive disorders (largely liver disease) was found at progressively higher levels of alcohol dependence as measured by the ADS; (4) individuals at lower levels of alcohol dependence felt that they could cut down to a few drinks a day, whereas individuals at higher levels increasingly endorsed abstinence as the only way to improve.

**Related Published Reports:** Horn, J.L.; Skinner, H.A.; Wanberg, K.; and Foster, F.M. Alcohol Dependence Scale (ADS). Toronto: Addiction Research Foundation of Ontario, 1984.

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Availability Source: Marketing Services, Department 417, Addiction Research Foundation, 33 Russell Street, Toronto, Canada M5S 2S1. Telephone (416) 595-6057.

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NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

# ALCOHOL USE QUESTIONNAIRE (ADS)\*

The questions in this booklet are about your use of alcohol during the *past 12 months*.

## INSTRUCTIONS

1. Carefully read each question and the possible answers provided. Answer each question by circling the ONE choice that is most true for you.
2. The word "drinking" in a question refers to "drinking of alcoholic beverages."
3. Take as much time as you need. Work carefully, and try to finish as soon as possible. Please answer ALL questions.

If you have difficulty with a question or have any problems, please ask the questionnaire administrator.

\* Copyright 1984, J.L. Horn, H.A. Skinner, K. Wanberg, and F.M. Foster and the Alcoholism and Drug Addiction Research Foundation, Toronto. All rights reserved. Printed in Canada. For information on the ADS, contact Marketing Services, Department 898, Addiction Research Foundation, 33 Russell St., Toronto, Ontario, Canada, M5S 2S1.

**\*Following are the first 10 questions from the ADS.**

*These questions refer to the past 12 months*

1. How much did you drink the last time you drank?
  - a. Enough to get high or less
  - b. Enough to get drunk
  - c. Enough to pass out
  
2. Do you often have hangovers on Sunday or Monday mornings?
  - a. No
  - b. Yes
  
3. Have you had the "shakes" when sobering up (hands tremble, shake inside)?
  - a. No
  - b. Sometimes
  - c. Almost every time I drink
  
4. Do you get physically sick (e.g. vomit, stomach cramps) as a result of drinking?
  - a. No
  - b. Sometimes
  - c. Almost every time I drink
  
5. Have you had the "DTs" (delirium tremens) — that is, seen, felt or heard things not really there; felt very anxious, restless, and over-excited?
  - a. No
  - b. Once
  - c. Several times

6. When you drink, do you stumble about, stagger, and weave?
  - a. No
  - b. Sometimes
  - c. Often
  
7. As a result of drinking, have you felt overly hot and sweaty (feverish)?
  - a. No
  - b. Once
  - c. Several times
  
8. As a result of drinking, have you seen things that were not really there?
  - a. No
  - b. Once
  - c. Several times
  
9. Do you panic because you fear you may not have a drink when you need it?
  - a. No
  - b. Yes
  
10. Have you had blackouts ("loss of memory" without passing out) as a result of drinking?
  - a. No, never
  - b. Sometimes
  - c. Often
  - d. Almost every time I drink

## THE ALCOHOL USE INVENTORY (AUI)

- Authors:** John L. Horn, Kenneth W. Wanberg, and F. Mark Foster
- Assessment Areas Covered:** Alcohol consumption quantity/frequency, diagnosis
- Administration:** Self-administered for adults who can read at the 9th grade level; otherwise, interviewer-administered (approximately 40 minutes); at screening and followup.
- Design Features:** Based on several factor-analytic studies of people with alcohol-use problems. The design aim has been to sample the kinds of problems that people report when they seek treatment for conditions associated with the use of alcohol.
- Abstract:** Results from 15 years of study of substantial samples of people reporting problems and viewpoints associated with the use of alcohol provide a basis for specifying the primary factors of the AUI and the higher order dimensions among the primary factors. These results indicate that there are distinct patterns of etiology, distinct responses to treatment, and distinct developmental courses associated with the separate factors of alcohol use and abuse. Although much more research must be done before we can be confident about the necessary and sufficient conditions for accurately specifying less-than-salubrious involvement with the use of alcohol, the scales of the AUI can help investigators to appreciate at least some of the complexity of understanding (i.e., diagnosing) different problems associated with this use. Such awareness is needed in efforts to design improved therapy and social programs for dealing with alcohol abuse.
- Related Published Reports:** Horn, J.L. Comments on the many faces of alcoholism. In: Marlatt, G.; Nathan, P.; and Löberg, T., eds. Alcoholism: New Directions in Behavioral Research and Treatment. Boston: Plenum Press, 1978. Pp. 1-40.
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<sup>1</sup> See volume 1 in this series, Summaries of Alcoholism Treatment Assessment Research, for a further discussion on this article.

## THE ALCOHOL USE INVENTORY—AUI

This booklet contains a number of questions regarding the use of alcohol. Please answer all of the questions as carefully as you can. Your identity and the answers you give will remain in the confidence of the person or agency administering this inventory.

### INSTRUCTIONS

1. An answer sheet is provided on which to record your answers. Please do not mark on the questionnaire booklet. Fill in the information at the top of the answer sheet before going to the questions.
2. Read each question and the several possible answers before making your choice of an answer. Choose the ONE answer that best applies to you. When you mark your answer be sure that the question number on the answer sheet is the same as the question number in the questionnaire booklet.
3. The word "drinking" in a question means "drinking of alcoholic beverages."
4. Take as much time as you need. Work steadily and try to finish as soon as possible.

Here is an example which illustrates the nature of the questions and how they can be answered.

Suppose question number 21 in the booklet reads:

21. My favorite alcoholic beverage is  
a. Wine b. Beer c. Hard Liquor

You are to select the one answer that best represents your preference. Sometimes this may be difficult because more than one answer may apply or because no answer is just right. In the above question, for example, one might prefer ale. In this case one would select beer as closest to the best answer. In each case of this kind, give the best answer you can and then go on to the next question.

In the example above, if your choice were beer, then you would find the number 21 on the answer sheet and mark the box next to the letter "b".

21.    a    b    c

If you have questions, ask the questionnaire administrator. Otherwise turn the page and begin.

---

AUTHORS: J. L. Horn, K. Wanberg and F. M. Foster

Distributed by: Psychology Department  
University of Denver  
Denver, CO 80208

1. Does drinking help you feel more important?
  - a. No
  - b. Yes
2. Does drinking help you overcome feelings of inferiority?
  - a. No
  - b. Yes
3. Do most of your friends drink?
  - a. No
  - b. Yes
4. Does your social life require you to drink?
  - a. No
  - b. Yes
5. When you drink, do you drink several days and then sober up for a period of time before drinking again?
  - a. No
  - b. Yes
6. Do you drink to help you go to sleep at night?
  - a. No
  - b. Yes
7. Does your drinking cause hardships for your family and/or friends?
  - a. No
  - b. Yes
8. Do you avoid talking to others about your drinking?
  - a. No
  - b. Yes
9. Do you get belligerent or mean when you drink?
  - a. No
  - b. Yes, sometimes
  - c. Yes, usually
10. Have you had blackouts ("loss of memory" without passing out) as a result of drinking?
  - a. No, never
  - b. Sometimes
  - c. Often
  - d. Almost every time I drink
11. How much did you drink the last time you drank?
  - a. Enough to get high or less
  - b. Enough to get drunk
  - c. Enough to pass out
12. Have you passed out as a result of drinking?
  - a. No
  - b. About once a year
  - c. Twice a year or more
13. After a night of heavy drinking do you have physical discomfort?
  - a. No
  - b. Yes
14. How long were you unemployed during the last year?
  - a. Had a job throughout the year
  - b. Had a job for about 1 month
  - c. Without a job for about 1-3 months
  - d. Without a job more than 3 months
15. Have you ever attended a treatment program for alcohol problems?
  - a. No
  - b. Yes, once
  - c. Yes, several times
16. Do you drink to get over being irritated or resentful?
  - a. No
  - b. Yes
17. Do you drink in the morning to relieve a hangover?
  - a. No
  - b. Yes, sometimes
  - c. Yes, almost every time I drink
18. When drinking do you usually drink more than one kind of alcohol (for example--beer and hard liquor)?
  - a. No
  - b. Yes
19. After an evening of heavy drinking, do you usually have something to eat before going to bed?
  - a. No
  - b. Yes
20. Do you sometimes neglect your work because of drinking?
  - a. No
  - b. Somewhat
  - c. To a great extent
21. Do you have frightening dreams when sobering up as a result of drinking?
  - a. No
  - b. Sometimes
  - c. Almost every time I drink

22. Does drinking help you to overcome shyness?  
a. No b. Yes
23. Does drinking help you get along with other people?  
a. No b. Yes
24. Do you do most of your drinking at bars?  
a. No b. Yes
25. Do you go to parties where there is drinking?  
a. No  
b. Yes, about once a month  
c. Yes, several times a month or more.
26. When you drink, do you drink every day at about the same time?  
a. No b. Yes.
27. Have you been drinking almost every day?  
a. No  
b. For about the last 6 months or less  
c. For more than the last 6 months
28. Are you worried that your drinking is occurring at times other than the times you are accustomed to drinking?  
a. No b. Yes
29. Do you drink to change your mood (drink when bored, angry, flat)?  
a. No b. Yes
30. Do you swing from periods of great happiness to periods of great despair?  
a. No b. Yes
31. Have you used antabuse to help you to stop drinking?  
a. No b. Yes
32. Have you turned to religion to help you with your drinking problem?  
a. No b. Yes
33. When you drink, do you stumble about, stagger and weave?  
a. No  
b. Sometimes  
c. Often
34. Do you gulp drinks (drink quickly)?  
a. No b. Yes
35. Have you been living in a marriage or a marriage type relationship within the last six months?  
a. No b. Yes
36. As a result of being drunk, has your thinking been fuzzy or unclear?  
a. No  
b. Yes, but only for a few hours  
c. Yes, for one or two days  
d. Yes, for many days
37. Have you had a convulsion (fit) following a period of drinking?  
a. No  
b. Once  
c. Several times
38. Do you get the inner shakes when you stop drinking?  
a. No  
b. Sometimes  
c. Often
39. After taking one or two drinks, can you usually stop?  
a. Yes  
b. Sometimes  
c. No
40. When drinking over a period of several days, do you:  
a. Eat regular meals  
b. Eat occasionally  
c. Eat nothing at all
41. As a result of drinking do you have swelling or puffiness in your hands or feet?  
a. No  
b. Yes, mild swelling  
c. Yes, severe swelling
42. Recently the amount you drink has:  
a. Increased  
b. Stayed about the same  
c. Decreased

43. Does drinking help you to relax socially?  
a. No b. Yes
44. Does drinking help you to be more alert mentally?  
a. No b. Yes
45. When you drink, do you usually drink alone?  
a. No b. Yes
46. Do you panic because you fear you may not have a drink when you need it?  
a. No b. Yes
47. Do you sneak drinks or hide bottles?  
a. No b. Yes
48. Do you go "on the wagon" (not drink at all) after a period of drinking?  
a. No, I drink a little most of the time  
b. Yes, I don't touch a drop between drinking periods.
49. Are you afraid your drinking is getting worse?  
a. No b. Yes
50. When drinking, are you often very sad (for example, cry a lot)?  
a. No b. Yes
51. Do you drink to relieve tensions?  
a. No, never  
b. Occasionally  
c. Often
52. Do you take tranquilizer pills to settle you down or to calm yourself?  
a. No b. Yes
53. Do you take medicine to help you sleep at night (such as sleeping pills or sedatives)?  
a. No b. Yes
54. Do you lose control over what you do when you are drinking?  
a. No b. Yes
55. Have you ever been jailed for public drunkenness?  
a. No  
b. One or two times  
c. Three or more times
56. Are you presently living alone as a result of drinking?  
a. No b. Yes
57. As a result of drinking, have you seen things that were not there?  
a. No  
b. Yes, once  
c. Yes, several times
58. Have you had "shakes" when sobering up (hands tremble, shake inside, etc.) as a result of drinking?  
a. No  
b. Yes, sometimes  
c. Yes, almost every time I drink.
59. Have you recently used pep pills such as "bennies" or "speed" (amphetamines, etc.)?  
a. No  
b. Several times  
c. Often
60. Have you ever broken out in small sores as a result of drinking?  
a. No b. Yes
61. Have you ever had a "dry drunk" (act or feel like you are drunk when you have had nothing to drink)?  
a. No b. Yes
62. Are you able to recall events in the past better when drinking?  
a. No b. Yes
63. Do you feel drinking has been a central part of your life?  
a. No  
b. Somewhat  
c. Definitely



64. Does drinking help you to make friends?  
a. No b. Yes
65. Do you have better ideas when drinking?  
a. No b. Yes
66. Do you usually drink with the same people?  
a. No b. Yes
67. Do you usually have a bottle by your bedside?  
a. No b. Yes
68. Do you drink throughout the day?  
a. No b. Yes
69. Do you:  
a. Drink mainly only on weekends, holidays or days off?  
b. Drink throughout the week and weekends?
70. Is the result of your drinking causing you to have noticeable fear?  
a. No b. Yes
71. Do you drink to let down?  
a. No b. Yes
72. Do you drink to forget?  
a. No b. Yes
73. Do you show marked resentments when you drink?  
a. No b. Yes
74. Have you ever had medical help to sober up?  
a. No  
b. Once  
c. Several times
75. With respect to blackouts (loss of memory):  
a. Have never had a blackout  
b. Have had blackouts that last less than an hour  
c. Have had blackouts that last for several hours  
d. Have had blackouts that last for a day or more
76. Have you ever received a ticket for driving under the influence of alcohol or driving while intoxicated?  
a. No b. Yes
77. Have you missed work because of drinking during the past year?  
a. No  
b. Yes, but not more than 2 or 3 times  
c. Yes, about 4 to 10 times  
d. Yes, more than 10 times
78. As a result of drinking have you heard "things" that were not there?  
a. No  
b. Yes, once  
c. Yes, several times
79. Do you often have hangovers on Sunday or Monday mornings?  
a. No b. Yes
80. Have you used barbiturates (Yellow jackets, red devils, etc.)?  
a. No  
b. Once or twice  
c. Often
81. When drinking, how much hard liquor (whiskey, vodka, gin) do you drink per day?  
a. None  
b. Up to 3 drinks  
c. Up to ½ pint  
d. Up to 1 pint  
e. More than 1 pint
82. When you drink at a bar or party in the evening, how many drinks do you usually have before calling it a night?  
a. One or two  
b. Three to five  
c. Five or more
83. With a few drinks, is your ability to drive an automobile:  
a. Better  
b. The same  
c. Worse
84. Have you ever received individual counseling or therapy for a drinking problem?  
a. Never  
b. Once or twice  
c. More than two times

85. When drinking, do you feel better able to express your ideas and opinions?  
a. No b. Yes
86. Do your ideas come more freely when you are drinking?  
a. No b. Yes
87. Do you do most of your drinking with friends and acquaintances?  
a. No b. Yes
88. Do you drink in order to have fun?  
a. No b. Yes
89. Do you almost constantly think about drinking and alcohol?  
a. No b. Yes
90. Usually how much time is there between your periods of drinking--time when you don't drink at all?  
a. None, I drink steadily  
b. Less than a week  
c. Up to a month  
d. More than a month
91. Are you usually depressed after a period of heavy drinking?  
a. No b. Yes
92. Do you have vague fears and anxieties after a period of drinking?  
a. No b. Yes
93. Did you frequently begin drinking because things pile up?  
a. No b. Yes
94. When you are drinking, are your moods about the same as when you do not drink?  
a. No b. Yes
95. In the last few months have you been attending A.A. (Alcoholics Anonymous)?  
a. No b. Yes
96. Do you tend to be physically harmful to other people when drinking?  
a. No b. Yes
97. Have you ever taken the "geographic cure"--that is, move from town to town, place to place, to stop drinking and make a new start?  
a. No b. Yes
98. Have you had weird and frightening sensations when drinking?  
a. No  
b. Yes, perhaps once or twice  
c. Yes, often
99. As a result of drinking have you "felt things" crawling on you that were not there (bugs, spiders, etc.)?  
a. No  
b. Once  
c. Several times
100. Do you get physically sick (vomit, stomach cramps, etc.) as a result of drinking?  
a. No  
b. Sometimes  
c. Almost every time I drink
101. Have you used marijuana?  
a. No  
b. Once or twice  
c. Often
102. When you are drinking, how much beer do you drink per day?  
a. None  
b. Up to three cans  
c. Up to six cans  
d. Up to ten cans  
e. More than ten cans
103. Have you drunk hair tonic, shaving lotion, canned heat or anything like this?  
a. No b. Yes
104. As a result of your drinking are you easily irritated?  
a. No b. Yes
105. Have you lost personal possessions because of drinking?  
a. No  
b. Some  
c. Many

106. Do you go out to drink in order to meet people?  
a. No b. Yes
107. Does drinking help you feel that you can reach higher goals?  
a. No b. Yes
108. Do you do most of your drinking at home?  
a. No b. Yes
109. Do you encourage other people (such as your wife, husband, friends) to drink with you?  
a. No b. Yes
110. Do you carry a bottle with you or keep one close at hand?  
a. No  
b. Some of the time  
c. Most of the time
111. How long do your drinking periods usually continue?  
a. Less than a week  
b. From one week to one month  
c. More than a month
112. Do you make excuses or lie to coverup your drinking?  
a. No b. Yes
113. Do you have guilt or remorse after a drunk?  
a. No b. Yes
114. Do you start drinking to get over being depressed?  
a. No b. Yes
115. Do you resent others talking about your drinking?  
a. No b. Yes
116. How many times have you received help for your drinking problem?  
a. None  
b. Once  
c. Several times
117. Have you ever attempted suicide when drinking?  
a. Never  
b. Once  
c. Several times
118. Have you lost a job because of drinking?  
a. No b. Yes
119. As a result of drinking, have you ever had delirium tremens or DT's (seen, felt or heard things not really there)?  
a. No  
b. Yes, once  
c. Several times
120. As a result of drinking have you felt your heart beating rapidly?  
a. No  
b. Yes, once  
c. Yes, several times
121. As a result of drinking have you felt overly hot and sweaty (feverish)?  
a. No  
b. Yes, once  
c. Yes, several times
122. Have you used hard narcotics (such as heroin, morphine, or other opiates)?  
a. Never  
b. Once or twice  
c. Several times
123. When drinking, how much wine do you drink per day?  
a. None  
b. Up to two or three glasses  
c. Up to 1 quart  
d. Up to 2 quarts  
e. More than two quarts
124. When drinking heavy how much do you typically sleep during a 24 hour period?  
a. 7-8 hours or more  
b. 5-6 hours  
c. 3-4 hours  
d. Less than 2 hours
125. Do you turn to a less socially accepted life when drinking?  
a. No b. Yes
126. Has your life style deteriorated because of drinking?  
a. No  
b. Somewhat  
c. To a great extent

127. When you are drinking, are you better able to relate your feelings and thoughts to the opposite sex?  
a. No b. Yes
128. Does drinking help you work better?  
a. No b. Yes
129. Do you usually drink with a person of the opposite sex?  
a. No b. Yes
130. Are you usually happier when you are drinking?  
a. No b. Yes
131. Do you drink during your work day?  
a. No b. Yes
132. Do you usually keep yourself somewhat intoxicated throughout each day?  
a. No b. Yes
133. Does alcohol enable you to better perform certain tasks?  
a. No b. Yes
134. Do you tend to shut out the world when drinking?  
a. No b. Yes

If you have been living in a marriage or marriage-type situation within the past six months please complete the following 13 questions. If not, you are through with this questionnaire.

135. Has your drinking been a factor in marital difficulties?  
a. No b. Yes
136. Did you have difficulties in your marriage before you started to drink?  
a. No b. Yes

137. Does your spouse get angry over your drinking?  
a. No b. Yes
138. Have changes in your wife or husband contributed to your drinking heavily?  
a. No b. Yes
139. Do you get irritated when your spouse comments on your drinking?  
a. No b. Yes
140. Do you feel your spouse has been unfaithful?  
a. No  
b. Yes, once  
c. Yes, several times
141. Do you argue with or belittle your spouse when you are drinking?  
a. No b. Yes
142. Is your spouse too friendly with persons of the opposite sex?  
a. No b. Yes
143. Do you sometimes physically abuse your wife or husband when drinking?  
a. No b. Yes
144. Is your spouse excessively jealous?  
a. No b. Yes
145. Does your spouse nag you about your drinking?  
a. No b. Yes
146. Does your spouse regard you as overly jealous?  
a. No b. Yes
147. Do you feel that your marital problems have caused you to drink?  
a. No b. Yes.

ALCOHOL USE INVENTORY ANSWER SHEET

NAME \_\_\_\_\_ CODE NUMBER \_\_\_\_\_

SEX \_\_\_\_\_ AGE \_\_\_\_\_ DATE \_\_\_\_\_ CODE NUMBER \_\_\_\_\_

1	a b	22	a b	43	a b	64	a b	85	a b	106	a b	127	a b	1
2	a b	23	a b	44	a b	65	a b	86	a b	107	a b	128	a b	2
3	a b	24	a b	45	a b	66	a b	87	a b	108	a b	129	a b	3
4	a b	25	a b c	46	a b	67	a b	88	a b	109	a b	130	a b	A
5	a b	26	a b	47	a b	68	a b	89	a b	110	a b c	131	a b	4
6	a b	27	a b c	48	a b	69	a b	90	a b c d	111	a b c	132	a b	5
7	a b	28	a b	49	a b	70	a b	91	a b	112	a b	133	a b	B
8	a b	29	a b	50	a b	71	a b	92	a b	113	a b	134	a b	6
9	a b c	30	a b	51	a b c	72	a b	93	a b	114	a b	135	a b	7
10	a b c d	31	a b	52	a b	73	a b	94	a b	115	a b	136	a b	C
11	a b c	32	a b	53	a b	74	a b c	95	a b	116	a b c	137	a b	8
12	a b c	33	a b c	54	a b	75	a b c d	96	a b	117	a b c	138	a b	9
13	a b	34	a b	55	a b c	76	a b	97	a b	118	a b	139	a b	10
14	a b c d	35	a b	56	a b	77	a b c d	98	a b c	119	a b c	140	a b c	11
15	a b c	36	a b c d	57	a b c	78	a b c	99	a b c	120	a b c	141	a b	12
16	a b	37	a b c	58	a b c	79	a b	100	a b c	121	a b c	142	a b	13
17	a b c	38	a b c	59	a b c	80	a b c	101	a b c	122	a b c	143	a b	D1
18	a b	39	a b c	60	a b	81	a b c d e	102	a b c d e	123	a b c d e	144	a b	14
19	a b	40	a b c	61	a b	82	a b c	103	a b	124	a b c d	145	a b	D2
20	a b c	41	a b c	62	a b	83	a b c	104	a b	125	a b	146	a b	M1
21	a b c	42	a b c	63	a b c	84	a b c	105	a b c	126	a b c	147	a b	M2

## GENERAL

A Clinical profile for the Alcohol Use Inventory (AUI) is a graphic summary of a respondent's scores. This profile enables one to compare a respondent's scores with the average scores -- i.e., the norms -- for a reference group. The reference group represents a sample of 800 persons admitted to the inpatient Alcoholism Division of the State Hospital facility serving the Denver Metropolitan Area (The Fort Logan Mental Health Center) from July 1, 1975 through June 30, 1976. This sample did not differ significantly from a sample of some 4500 patients admitted to that facility from 1970 - 1975, with respect to age, ethnicity and income. Studies also indicated that with respect to the raw scores on the 22 AUI scales, the reference group did not differ from a sample of inpatient admissions to the Denver Veteran's Administration Hospital. While the reference group is not known to be representative of all persons who have problems with the use of alcohol, it does provide a reasonable standard against which to compare scores on the AUI.

## SCORING

To obtain a score on each AUI scale that can be interpreted by comparing it with the average score for the reference group, one first determines a raw score and then converts this to a decile score. The raw scores of the 22 AUI scales are determined by placing scoring templates over the AUI answer sheet and then adding the item scores indicated for each scale. The raw scores are then entered in the squares next to the scale titles on the Profile sheet. The raw scores on a particular scale are distributed systematically in a column immediately above the scale title and square. To obtain a norm score for each scale, place a mark over the raw score in the column identical to the obtained raw score. Often, a specific raw score may not be found because of the concentration of raw scores in a particular decile, and thus, a mark is placed in the best estimated location to represent the obtained raw score. Then, read perpendicularly across the profile sheet from the marked location to the corresponding decile score in either the left-most or right-most column of the sheet. Decile scores range from 1 to 10. Each decile score represents the percentage (rounded down from 2 percent above) of respondents in the reference group who had a raw score as large as the corresponding raw score or smaller. For example, a raw score of 11 on the "Loss of Control" scale corresponds to a decile score of 8, which means that approximately 80 percent (and no more than 82 percent) of the respondents in the reference group had a raw score of 11 or a score smaller than 11.

## SCALE INTERPRETATION

Several important guidelines should be followed when reading an individual's profile with respect to the individual scales:

1. For a few of the primary scales of the AUI, the lowest possible raw score corresponds to a decile score that is larger than 1. The decile score corresponding to this lowest possible score represents the "Starting percentage in the reference group." For example, a raw score of zero on the Non-alcohol Drug Use scale corresponds to a decile score of 5, which means that approximately 50 percent (no more than 52 percent) of the respondents in the reference group report that they use no non-alcoholic drugs (as measured by that scale). At first glance, the fact that a person with a zero raw score has a decile score of 5 might lead the interpreter of this scale to conclude the person has a significant score on the Non-Alcohol Drug Use scale, whereas the person actually indicates no use of such drugs as measured by this scale. On this particular scale, even a raw score of 3 provides a decile score of 8, which would probably at best indicate an occasional use of non-alcoholic drugs identified in this scale. What this means is that any interpretation of the standard decile score must be done with the individual's raw score in mind.
2. Scales 3 and 5 are bipolar. High scores on Scale 3 indicates gregarious drinking and low scores indicate solo drinking. High scores on Scale 5 indicate sustained, continuous drinking; low scores suggest periodic use.
3. The validity of the scores depends crucially on the respondent's willingness and ability to give accurate answers to the self-report items of the AUI. There is no good lie detector for any questionnaire (much as it may

be claimed that there is) and the AUI is no exception to this rule. People seeking help for their problems with the use of alcohol usually are motivated to not hide their problems. Some are not as motivated to report accurately the circumstances surrounding their use of alcohol whereas others are not able to make accurate appraisals of their real conditions even when they are not motivated to distort. Still others even exaggerate their problems relative to what is their real condition. Those who use the AUI in assessing alcohol related conditions and patterns should remain alert to such possibilities of motivational distortion.

4. Although the scales usually provide more reliable and valid measures than are obtained by other means, the scales, particularly the primary scales, are short, relatively focused and not as reliable as one might (ideally) like them to be. One should not read more accuracy into the scales than is indicated by their internal consistency reliabilities and as to what is indicated by their meaning with respect to the content of the items.

#### REFERENCE

The content and meaning of the 22 Scales are described in the article, "A Differential Assessment Model for Alcoholism: The Scales of the Alcohol Use Inventory (Journal of Studies on Alcohol, 38, 512-534, 1977). The methods through which the scales were developed are also discussed in that article along with the psychometric properties of the scales. The Guidelines for Use of the Alcohol Use Inventory is currently being prepared, and will be ready for distribution within the next six to nine months.

"Copr.," J. L. Horn, K. W. Wanberg and F.M. Foster

The Alcohol Use Inventory Clinical Profile, 9/1/82.





## CLIENT FOLLOW-UP INTERVIEW

- Authors:** Dennis Kelso and Kaye M. Fillmore
- Assessment Areas Covered:** Psychological function, anxiety, depression, alcohol consumption quantity/frequency, patterns of alcohol consumption, consequences of alcohol use, drug use, physical health, personality factors, treatment factors, extra-treatment factors, social relationships, employment, legal, health care contacts, life events, attitudes, coping responses
- Administration:** Face-to-face, structured interview by trained interviewer (60 minutes in length). This instrument is given at admission, discharge, and followup (6 months after discharge).
- Design Features:** Precoded multiple-choice items, longitudinal design, response categories suitable for inpatient and outpatient settings
- Abstract:** This questionnaire can be used as a data collection instrument for outpatient and inpatient alcohol treatment research. It was developed with sponsor funding provided by the State of Alaska, Office of Alcoholism and Drug Abuse. It is one of three instruments used in a study of clients in alcoholism treatment in Fairbanks, Juneau, and Anchorage, Alaska. Other instruments documented all units of treatment services and obtained collateral reports about client drinking. The instruments were designed for use in a prospective, short-term longitudinal study of client functioning before and after treatment in State-funded programs. Subjects included 500 inpatients and outpatients; about 40 percent of the inpatient clients were Alaskan natives--Eskimos, Aleuts, and Athabaskan, Tlingit, and Haida Indians. The followup rate was 88 percent for both inpatients and outpatients.
- Related Published Reports:** Kelso, D., and Fillmore, K.M. Overview: Alcoholism Treatment and Client Functioning in Alaska. Anchorage: Center for Alcohol and Addiction Studies, University of Alaska, 1984.
- Availability Source:** Dennis Kelso, Ph.D., Center for Alcohol and Addiction Studies, University of Alaska, 3211 Providence Drive, Anchorage, Alaska 99508



INTRODUCTION TO FOLLOW-UP INTERVIEW

[READ THE FOLLOWING INTRODUCTORY STATEMENT VERBATIM]

Today's interview will not take long, and you will only be asked to answer questions about your drinking behavior, its effects on your life, and the effectiveness of the treatment you have received. The purpose of the study and the reason for interviewing you is to help the State Office of Alcoholism learn more about the effectiveness of alcohol treatment programs. As a token of appreciation, you will receive \$10 at the end of this interview.

The study is completely separate from any treatment you have received, and the information that you give us will never be seen or used by anyone on the treatment staff. All information that is received during the study will be kept confidential and stored in a locked file. Only a few members of the study team will have access to these files, and your responses will not be made available to anyone else.

I'd like to remind you that your participation in this study is entirely voluntary, and you are free to withdraw if you wish.

Do you have any questions that you would like to ask me now?

First, I'd like to ask you to verify and update some general information about yourself. [ASK QUESTIONS 1 THROUGH 30, PAGES 1 THROUGH 9. VERIFY ALL RESPONSES AGAINST A COPY OF THE SAME QUESTIONS FROM THE PRETREATMENT INTERVIEW GUIDE THAT MAY HAVE BEEN REVISED DURING THE DISCHARGE/TERMINATION INTERVIEW. ONLY RECORD UPDATED OR CORRECTED INFORMATION IN THE SPACES PROVIDED BELOW. MARK ALL REVISED QUESTIONS ON PRETREATMENT INTERVIEW GUIDE.]

1. What is your full name?

\_\_\_\_\_  
First Middle Last

2. Do you use any other names, nicknames, or aliases?

NO  
----- YES

3. IF YES, Specify: \_\_\_\_\_

★4. What is the location of your current (most recent) residence? [NOT THE ADDRESS OF THE PROGRAM]

\_\_\_\_\_  
Street Address/Location [OFFICE CODE]

(84)

\_\_\_\_\_  
City State Zip Code

( )  
Telephone (personal or message) How is it listed?

5. What is the mailing address (if different from your current residence)?

SAME AS CURRENT RESIDENCE NO YES

\_\_\_\_\_  
Street Address/Location/P.O. Box

\_\_\_\_\_  
City State Zip Code

★6. Is your current address also the address of your permanent residence?

----- NO  
YES

7. IF NO, What is your permanent address?  
\_\_\_\_\_  
Street Address/Location [OFFICE CODE]  
\_\_\_\_\_  
City State Zip Code  
( )  
Telephone (personal or message) How is it listed?

(87)

8. What is the mailing address (if different from your permanent residence)?

SAME AS PERMANENT RESIDENCE      NO      YES

\_\_\_\_\_  
Street Address/Location/P.O. Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

9. Do you live in a house, an apartment, or other type of building?  
[PROBE FOR TYPE]

- ONE-FAMILY HOUSE DETACHED FROM ANY OTHER HOUSE ..... 01
- ONE-FAMILY HOUSE ATTACHED TO ONE OR MORE HOUSES ..... 02
- A BUILDING FOR TWO TO FOUR FAMILIES ..... 03
- A BUILDING FOR FIVE OR MORE FAMILIES ..... 04
- A ROOMING HOUSE (HOTEL) ..... 05
- A MOBILE HOME ..... 06
- GROUP HOME (FLOPHOUSE, SALVATION ARMY, MISSION, DORMITORY, ETC.) .. 07
- JAIL ..... 10
- MEDICAL FACILITY ..... 11
- OTHER (SPECIFY) \_\_\_\_\_ 12

(89)

10. Do you: [SHOW RESPONDENT CARD 1; READ LIST]

- Own your residence? ..... 1
- Rent your residence? ..... 2
- Pay by the night or week for your room? ..... 3
- Live rent-free with family or friends? ..... 4
- Other (specify) \_\_\_\_\_ 5

(90)

11. How long have you lived there?

Years   and

(92)

Months

(94)

12. How long have you lived in this same city/town?

Years   and

(96)

Months

(98)

13. Do you typically spend periods of time in other regions of the state or outside the state?

NO [GO TO 19]

----- YES  
↓

IF YES, ASK:

a. Where? [PROBE FOR SPECIFIC LOCATION WITH IDENTIFYING INFORMATION]

---

---

---

b. Why? [PROBE FOR SEASONAL WORK, VISITING RELATIONS, ETC.]

---

---

---

c. When are you usually there? From \_\_\_\_\_ to \_\_\_\_\_  
Month Month

d. How can you be reached when you're there? [PROBE FOR PERSONS, AGENCIES, EMPLOYERS, LOCATIONS]

---

---

---

14. Any other places?

NO [GO TO 19]

----- YES  
↓

IF YES, ASK:

a. Where? [PROBE FOR SPECIFIC LOCATION WITH IDENTIFYING INFORMATION]

---

---

---

b. Why? [PROBE FOR SEASONAL WORK, VISITING RELATIONS, ETC.]

---

---

---

c. When are you usually there? From \_\_\_\_\_ to \_\_\_\_\_  
Month Month

d. How can you be reached when you're there? [PROBE FOR PERSONS,  
AGENCIES, EMPLOYERS, LOCATIONS]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Any other places?

NO [GO TO 19]

----- YES  
↓

IF YES, ASK:

a. Where? [PROBE FOR SPECIFIC LOCATION WITH IDENTIFYING INFORMATION]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. Why? [PROBE FOR SEASONAL WORK, VISITING RELATIONS, ETC.]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. When are you usually there? From \_\_\_\_\_ to \_\_\_\_\_  
Month Month

d. How can you be reached when you're there? [PROBE FOR PERSONS,  
AGENCIES, EMPLOYERS, LOCATIONS]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[16. OMITTED]

[17. OMITTED]

[18. OMITTED]

19. Please give us the name(s) of relatives or friends who generally know about your activities and whereabouts, who know that you are here now, and who will know where you are when you leave this program. Please begin with your closest female relative. [SHARE WITH RESPONDENT WHAT A CONTACT PERSON WOULD SAY TO THESE INDIVIDUALS IN AN ATTEMPT TO LOCATE THE RESPONDENT]

★ a. Relationship: \_\_\_\_\_ Sex: M F Age: \_\_\_\_\_  
Name: \_\_\_\_\_  
                                        First                                        Middle                                        Last

\_\_\_\_\_ Street Address/Location/P.O. Box

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

( \_\_\_\_\_ ) \_\_\_\_\_  
Telephone Number \_\_\_\_\_ How is it listed?

Place of Employment: \_\_\_\_\_ Company/Agency Name  
\_\_\_\_\_ Address/Location/P.O. Box  
( \_\_\_\_\_ ) \_\_\_\_\_  
Business Telephone

COMMENTS: \_\_\_\_\_

As I mentioned to you earlier, we need to interview briefly a family member or a friend who knows you well enough to provide us with additional information about you and your drinking behavior. Would this person be able and willing to provide us with such information? Would you feel comfortable about letting us contact him/her? [DISTINGUISH CONTACT PERSONS AND COLLATERAL INTERVIEWS]

[RELEASE]

NO  
YES  
CHOICE: \_\_\_\_\_

★ b. Can you give me another person to contact who knows of your whereabouts and/or another person we might interview briefly for additional information?

Relationship: \_\_\_\_\_ Sex: M F Age: \_\_\_\_\_  
Name: \_\_\_\_\_  
                                        First                                        Middle                                        Last

\_\_\_\_\_ Street Address/Location/P.O. Box

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

( \_\_\_\_\_ ) \_\_\_\_\_  
Telephone Number \_\_\_\_\_ How is it listed?



Place of Employment: \_\_\_\_\_  
Company/Agency Name  
\_\_\_\_\_  
Address/Location/P.O. Box  
( ) \_\_\_\_\_  
Business Telephone

COMMENTS: \_\_\_\_\_

May we contact this person for an interview?

NO  
YES  
CHOICE: \_\_\_\_\_

[RELEASE]

★c. Can you give me another person to contact who knows of your whereabouts and/or another person we might interview briefly for additional information?

Relationship: \_\_\_\_\_ Sex: M F Age: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
Street Address/Location/P.O. Box

\_\_\_\_\_  
City State Zip Code

( ) \_\_\_\_\_  
Telephone Number How is it listed?

Place of Employment: \_\_\_\_\_  
Company/Agency Name  
\_\_\_\_\_  
Address/Location/P.O. Box  
( ) \_\_\_\_\_  
Business Telephone

COMMENTS: \_\_\_\_\_

May we contact this person for an interview?

NO  
YES  
CHOICE: \_\_\_\_\_

[RELEASE]

★d. Can you give me another person to contact who knows of your whereabouts and/or another person we might interview briefly for additional information?

Relationship: \_\_\_\_\_ Sex: M F Age: \_\_\_\_\_

Name: \_\_\_\_\_  
                                 First                                Middle                                Last

\_\_\_\_\_ Street Address/Location/P.O. Box

\_\_\_\_\_ City                                State                                Zip Code

(        ) \_\_\_\_\_  
                                 Telephone Number                                How is it listed?

Place of Employment: \_\_\_\_\_  
                                                                 Company/Agency Name

\_\_\_\_\_ Address/Location/P.O. Box

(        ) \_\_\_\_\_  
                                 Business Telephone

COMMENTS: \_\_\_\_\_

May we contact this person for an interview?

NO  
 YES  
 CHOICE: \_\_\_\_\_

[RELEASE]

e. RESPONDENT NAMED ONE OR MORE COLLATERALS?

NO ..... 1 (99)  
 YES ..... 2

f.

IF YES, ASK: Of the persons just named, who would you consider to be your: (1) first choice, (2) second choice, (3) third choice, (4) fourth choice to be contacted for a brief interview? [INDICATE RESPONDENT'S CHOICES BY ENTERING THE APPROPRIATE NUMBER IN THE SPACES MARKED "CHOICE," ABOVE, FOR QUESTIONS 19-a, b, c, d]

20. Are you planning to move from where you are living now?

NO [GO TO 22] .... 1  
YES ..... 2

(100)

NO [GO TO 22] .... 1  
YES ..... 2

-----  
↓

IF YES, Where?			
a. Specify:			
_____			
Street Address/Location			
_____		_____	_____
City		State	Zip Code
( )		_____	
Telephone (personal or message)		How is it listed?	
b. What is the mailing address (if different from above)?			
_____			
Street Address/Location/P.O. Box			
_____		_____	_____
City		State	Zip Code

21. Any other places you might move to or live temporarily?

NO [GO TO 22]  
YES

-----  
↓

IF YES, Where?			
_____			
Street Address/Location			
_____		_____	_____
City		State	Zip Code
( )		_____	
Telephone (personal or message)		How is it listed?	
What is the mailing address (if different from above)?			
_____			
Street Address/Location/P.O. Box			
_____		_____	_____
City		State	Zip Code

22. When not at home or work, where do you spend most of your time? [PROBE FOR HANGOUTS; GET SPECIFIC INFORMATION]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[23. OMITTED]

[24. OMITTED]

25. Which of these best describes your military experience? [SHOW RESPONDENT CARD 2; READ RESPONSES]

- Never in the military ..... 01
- On active duty/No Vietnam combat ..... 02
- On active duty/Vietnam combat ..... 03
- In Reserves/National Guard/No Vietnam combat .. 04
- In Reserves/National Guard/Vietnam combat ..... 05 (102)
- Vietnam era veteran/No Vietnam combat ..... 06
- Vietnam era veteran/Vietnam combat ..... 07
- Veteran of other conflict ..... 10
- Veteran - peacetime ..... 11
- Military dependent ..... 12

26. Now, I would like to record a series of identifying numbers. [MANY OF THESE MAY BE AVAILABLE FROM THE PROGRAM RECORDS; CIRCLE ONE FOR EACH ROW AS APPROPRIATE]

	<u>NUMBER</u>	<u>NO</u>	<u>YES</u>	<u>REFUSED</u>	<u>DON'T KNOW</u>	
★ a. Alaska driver's license number	_ _ _ _ _ _ _ _ _	1	2	8	9	(111) <input type="checkbox"/> [RELEASE]
b. Out-of-state driver's license number	_____	1	2	8	9	(112)

[c, d, e, f, g, h, i OMITTED]

[27. OMITTED]

[28. OMITTED]

[29. OMITTED]

[30. OMITTED]

31. What is your current religious or spiritual preference? [PROBE FOR DETAIL; EXCLUDE AA; RECORD RESPONSE IN SPACE PROVIDED]

RELIGION CODES--OFFICE USE	
NONE .....	01
BAPTIST .....	02
BLACK MUSLIM .....	03
CATHOLIC .....	04
CHURCH OF CHRIST .....	05
CONGREGATIONALIST .....	06
DISCIPLE OF CHRIST .....	07
EPISCOPALIAN .....	10
JEHOVAH'S WITNESS .....	11
JEWISH .....	12
LATTER-DAY SAINTS (MORMON) .....	13
LUTHERAN .....	14
METHODIST .....	15
PENTECOSTAL .....	16
PRESBYTERIAN .....	17
RUSSIAN ORTHODOX .....	18
SEVENTH-DAY ADVENTIST .....	19
OTHER (SPECIFY) _____	20

[ ] [ ] (114)  
[OFFICE CODE]

32. How would you describe your spiritual practice during the past six months?  
Would you describe it as: [SHOW RESPONDENT CARD 3; READ RESPONSES]

Frequent? ..... 1  
 Sometimes? ..... 2 (115)  
 Rare? ..... 3  
 Never? ..... 4

33. What do you consider to be your race or ethnic background? [ALLOW MORE THAN ONE RESPONSE; CODE RESPONSES IN ORDER MENTIONED]

RACE/ETHNICITY CODES	
WHITE--NOT OF HISPANIC ORIGIN .....	01
BLACK--NOT OF HISPANIC ORIGIN .....	02
ALASKAN NATIVE:	
ALEUT .....	03
ESKIMO:	
INUPIAT .....	04
UPIK .....	05
TLINGIT .....	06
HAIDA .....	07
TSIMSHIAN .....	10
ATHABASCAN .....	11
AMERICAN INDIAN .....	12
ASIAN OR PACIFIC ISLANDER .....	13
HISPANIC .....	14
OTHER (SPECIFY) _____	15

- a. FIRST .....   (117)
- b. SECOND .....   (119)
- c. THIRD .....   (121)
- d. FOURTH .....   (123)

IF NOT ALASKAN NATIVE  
OR AMERICAN INDIAN  
(03-12 FOR a THROUGH d  
ABOVE), GO TO 42

[ADMINISTER ONLY TO CLIENTS WHO ARE ALASKAN NATIVES OR AMERICAN INDIANS, (CODES 03-12 IN ITEM 33)]

34. For each type of school you attended, what grades did you complete? [SHOW RESPONDENT CARD 4; CIRCLE ALL GRADES COMPLETED AT EACH TYPE SCHOOL]

	GRADES														
	1	2	3	4	5	6	7	8	9	10	11	12			
Local BIA (government) school ....	1	2	3	4	5	6	7	8	9	10	11	12	<input type="checkbox"/>	<input type="checkbox"/>	(125)
Local public school .....	1	2	3	4	5	6	7	8	9	10	11	12	<input type="checkbox"/>	<input type="checkbox"/>	(127)
Boarding school (BIA/government)..	1	2	3	4	5	6	7	8	9	10	11	12	<input type="checkbox"/>	<input type="checkbox"/>	(129)
Urban public school .....	1	2	3	4	5	6	7	8	9	10	11	12	<input type="checkbox"/>	<input type="checkbox"/>	(131)
Other, specify: _____	1	2	3	4	5	6	7	8	9	10	11	12	<input type="checkbox"/>	<input type="checkbox"/>	(133)

35. What is the language of your cultural heritage? [CIRCLE ONE]

- English ..... 01
- Alaskan Native:
- Aleut ..... 02
- Inupiat ..... 03
- Upik ..... 04
- Tlingit ..... 05
- Haida ..... 06
- Tsimshian ..... 07 (135)
- Athabaskan ..... 10
- American Indian ..... 11
- Indochinese ..... 12
- Spanish ..... 13
- Other, specify: \_\_\_\_\_ 14

36. Do you speak your own native language?

NO (GO TO 39) ..... 1 (136)  
 YES, A LITTLE ..... 2  
 YES, FLUENTLY ..... 3

37. During the past six months, how comfortable have you felt speaking your native language: [SHOW RESPONDENT CARD 5; READ RESPONSES; CIRCLE RESPONSE CODE]

	<u>Very Uncom- fortable</u>	<u>Uncom- fortable</u>	<u>Comfortable</u>	<u>Very Com- fortable</u>	<u>Haven't Had the Opportunity</u>	
a. At home? .....	1	2	3	4	5	
b. At work? .....	1	2	3	4	5	
c. With friends (about the same age)?	1	2	3	4	5	
d. With older friends, ..... relatives (elders)	1	2	3	4	5	
e. With younger friends, ... relatives	1	2	3	4	5	
f. In general? .....	1	2	3	4	5	(142)

38. During the past six months, how comfortable have you felt speaking English: [SHOW RESPONDENT CARD 5; READ RESPONSES; CIRCLE RESPONSE CODE]

	<u>Very Uncom- fortable</u>	<u>Uncom- fortable</u>	<u>Comfortable</u>	<u>Very Com- fortable</u>	<u>Haven't Had the Opportunity</u>	
a. At home? .....	1	2	3	4	5	
b. At work? .....	1	2	3	4	5	
c. With friends (about the same age)?	1	2	3	4	5	
d. With older friends, ..... relatives (elders)	1	2	3	4	5	
e. With younger friends, ... relatives	1	2	3	4	5	
f. In general? .....	1	2	3	4	5	(148)

39. During the past six months, how much have you enjoyed: [SHOW RESPONDENT CARD 6; READ RESPONSES, CIRCLE RESPONSE CODE]

	<u>Not At All</u>	<u>A Little</u>	<u>Somewhat</u>	<u>Very Much</u>	<u>Haven't Had the Opportunity</u>
a. Native music? .....	1	2	3	4	5
b. Native dances? .....	1	2	3	4	5
c. Native-oriented places? ....	1	2	3	4	5
d. Native-type recreation? ....	1	2	3	4	5

(152)

40. During the past six months, how much have you enjoyed: [SHOW RESPONDENT CARD 6; READ RESPONSES: CIRCLE RESPONSE CODE]

	<u>Not At All</u>	<u>A Little</u>	<u>Somewhat</u>	<u>Very Much</u>	<u>Haven't Had the Opportunity</u>
a. Non-Native music? .....	1	2	3	4	5
b. Non-Native dances? .....	1	2	3	4	5
c. Non-Native oriented places? .....	1	2	3	4	5
d. Non-Native type recreation? .....	1	2	3	4	5

(156)

41. Sometimes life is not as we really like it. If you could have your way, what would you like the following aspects of your life to be like? [SHOW RESPONDENT CARD 7; READ EACH ITEM, ASK "HOW WOULD YOU LIKE THIS TO BE?"; CIRCLE RESPONSE CODE]

"How would you like this to be?"

ITEMS	<u>Completely Native</u>	<u>Mostly Native</u>	<u>Mostly Non-Native</u>	<u>Completely Non-Native</u>
a. Food .....	1	2	3	4
b. Language .....	1	2	3	4
c. Music .....	1	2	3	4
d. TV programs .....	1	2	3	4
e. Books/magazines ...	1	2	3	4
f. Dances .....	1	2	3	4
g. Radio programs ....	1	2	3	4
h. Way of celebrating special events	1	2	3	4

(165)



42. Now, I am going to ask you about your work experience during the past six months. Are you currently employed? [COMPLETE THE FOLLOWING CHART ACCOUNTING FOR THE PAST 26 WEEKS; USE CALENDAR]

JOB TITLE/DUTIES/DESCRIPTION [FULL-TIME OR PART-TIME] AND TYPE OF BUSINESS OR REASON FOR NOT WORKING	BEGIN WITH THE DATE OF THIS INTERVIEW AS WEEK ZERO AND WORK BACKWARDS TO WEEK 26	
	FROM WEEK	TO WEEK
a. _____	0	-
b. _____		-
c. _____		-
d. _____		-
e. _____		-
f. _____		-
g. _____		-
h. _____		-
i. _____		-
j. _____		-

EMPLOYMENT STATUS CODES--OFFICE USE	REASON FOR UNEMPLOYMENT CODES--OFFICE USE
FULL-TIME OR WORKING FULL-TIME	IN ALCOHOL TREATMENT ..... 01
AT MORE THAN ONE JOB ..... 1	IN OTHER HOSPITAL/MEDICAL FACILITY .. 02
PART-TIME JOB ..... 2	IN JAIL/CORRECTION FACILITY ..... 03
WORKED AT ODD JOBS ..... 3	WORK OUT OF SEASON ..... 04
UNEMPLOYED ..... 4	STUDENT ..... 05
	HOMEMAKER ..... 06
	RETIRED ..... 07
	TEMPORARILY LAID OFF ..... 10
	DISABLED ..... 11
	DRINKING ..... 12
	OTHER (SPECIFY) _____ 13

OFFICE CODE				
(1) EMPLOYMENT STATUS	(2) REASON FOR UNEMPLOYMENT	(3) OCCUPATION	(4) NUMBER OF WEEKS	
a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(172)
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(179)
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(186)
d.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(193)
e.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(200)
f.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(207)
g.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(214)
h.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(221)
i.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(228)
j.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(235)

43. What was your total household income last year before taxes? Include all income for all household members. [SHOW RESPONDENT CARD 8]

UNDER \$5,000 .....	01	
\$5,000 TO \$9,999 .....	02	
\$10,000 TO \$14,999 .....	03	
\$15,000 TO \$19,999 .....	04	
\$20,000 TO \$24,999 .....	05	(237)
\$25,000 TO \$29,999 .....	06	
\$30,000 TO \$34,999 .....	07	
\$35,000 TO \$39,999 .....	10	
\$40,000 TO \$44,999 .....	11	
\$45,000 AND OVER .....	12	

44. What were the different sources of support for all household members during the past six months, that is, since \_\_\_\_\_.\* [SHOW RESPONDENT CARD 9; READ LIST] MONTH

Did your household receive income from:

	NO	YES	
(1) Your employment (wages, salaries, tips, self-employment) .....	1	2	
(2) Income from spouse (other family, children, friends) .....	1	2	
(3) Workmen's compensation, disability, SSI, State Supplement to SSI .....	1	2	
(4) Unemployment compensation/Insurance .....	1	2	
(5) Public assistance/Welfare (AFDC, General Assistance, General Relief, food stamps for you and for other family members) .....	1	2	
(6) Social Security/Railroad Retirement .....	1	2	
(7) Veterans, GI, and other military benefits .....	1	2	
(8) Other pensions, retirement, pioneer benefits .....	1	2	
(9) Savings or investments, native corporations .....	1	2	
(10) Other (loans, grants, stipends, panhandling), specify: _____	1	2	(247)

45. During the past six months, did you use subsistence activities, like hunting, fishing, or gardening, to help support yourself (and your family)?

NO .....	1	
YES .....	2	(248)

46. IF YES, To what extent?

LESS THAN 1/4 .....	1	
1/4 TO 1/2 .....	2	(249)
1/2 TO 3/4 .....	3	
3/4 OR MORE .....	4	

\* ESTABLISH THE MONTH THAT REPRESENTS SIX MONTHS PRIOR TO THE DATE OF THIS INTERVIEW OR THE MONTH OF DISCHARGE/TERMINATION FROM TREATMENT IF THE PERIOD OF TIME BETWEEN THE DATE OF DISCHARGE AND THIS INTERVIEW IS LESS THAN SIX MONTHS. THIS MONTH WILL BE REFERRED TO THROUGHOUT THE REMAINDER OF THE INTERVIEW.

47. How would you rate the general state of your health during the past month?  
 [SHOW RESPONDENT CARD 10; READ EACH RESPONSE]

- |                 |   |       |
|-----------------|---|-------|
| Poor .....      | 1 |       |
| Fair .....      | 2 |       |
| Good .....      | 3 | (250) |
| Very good ..... | 4 |       |

48. Taking all things together, how would you say things are these days--would you say you are very happy, happy, or not happy at all?

- |                        |   |       |
|------------------------|---|-------|
| VERY HAPPY .....       | 1 |       |
| HAPPY .....            | 2 | (251) |
| NOT HAPPY AT ALL ..... | 3 |       |

49. What is your current marital status? [SHOW RESPONDENT CARD 11; READ LIST; RECORD ALL APPROPRIATE INFORMATION, INCLUDING DATES, IN THE SPACES BELOW; CIRCLE THE NUMBER OF THE ONE MOST RECENT STATUS]

- |       |                                   |   |       |
|-------|-----------------------------------|---|-------|
| _____ | Married, living with spouse ..... | 1 |       |
| _____ | Living together, not married .... | 2 |       |
| _____ | Married, separated .....          | 3 |       |
| _____ | Divorced/Marriage annulled .....  | 4 | (252) |
| _____ | Widowed .....                     | 5 |       |
| _____ | Deserted .....                    | 6 |       |
| _____ | Never married .....               | 7 |       |

50. How satisfied are you with this situation (most recent/current status)?  
 [SHOW RESPONDENT CARD 12; READ LIST]

- |                         |   |       |
|-------------------------|---|-------|
| Very satisfied .....    | 1 |       |
| Satisfied .....         | 2 |       |
| Dissatisfied .....      | 3 | (253) |
| Very dissatisfied ..... | 4 |       |

51. IF CURRENTLY NEITHER MARRIED NOR LIVING WITH BOYFRIEND/GIRLFRIEND, ASK:  
 Do you currently have a steady girlfriend/boyfriend?

- |           |   |       |
|-----------|---|-------|
| NO .....  | 1 |       |
| YES ..... | 2 | (254) |

52. IF CURRENTLY MARRIED, ASK: How long have you been married?

- |        |                      |                      |       |
|--------|----------------------|----------------------|-------|
| Years  | <input type="text"/> | <input type="text"/> | (256) |
| and    |                      |                      |       |
| Months | <input type="text"/> | <input type="text"/> | (258) |

53. IF EVER MARRIED, ASK: How many times have you been married, including your present marriage?

- |                 |                      |                      |       |
|-----------------|----------------------|----------------------|-------|
|                 | <input type="text"/> | <input type="text"/> | (260) |
| Number of times |                      |                      |       |

54. Now I'm going to ask you about how things have been in various areas of your life during the past six months, that is, since \_\_\_\_\_ . [SHOW RESPON-  
MONTH  
DENT CARD 13; READ LIST; CIRCLE ONE FOR EACH ROW]

		How has this been?					
		Very Good	Good	Fair	Poor	N/A	
How about:							
a.	Your friendships and social life? .....	1	2	3	4	5	(261)
b.	Your home life? .....	1	2	3	4	5	
c.	Your relationship with your children? .....	1	2	3	4	5	
d.	Your job or job opportunities? .....	1	2	3	4	5	
e.	The place you live? .....	1	2	3	4	5	
f.	Your money or finances? .....	1	2	3	4	5	
g.	Your outlook on life? .....	1	2	3	4	5	
h.	Your health? .....	1	2	3	4	5	
i.	Subsistence activities? .....	1	2	3	4	5	(269)

55. [READ STEM IN EACH ITEM; SHOW RESPONDENT CARD 14; CIRCLE ONE FOR EACH ROW;  
DISTINGUISH SOCIAL/RECREATIONAL ACTIVITIES FROM SUBSISTENCE OR ECONOMIC  
ACTIVITIES]

During the past six months, that is, since \_\_\_\_\_ , how often have you participated  
MONTH

in or attended any of these activities?

		Never	Rarely	Sometimes	Frequently	
a.	Playing sports (individual or team)..	1	2	3	4	(270)
b.	Going to watch sporting events .....	1	2	3	4	
c.	Games (cards, board games, bingo) ...	1	2	3	4	
d.	Cultural/traditional events .....	1	2	3	4	
e.	Long talks .....	1	2	3	4	
f.	Hiking/camping or long walks (recreational) .....	1	2	3	4	
g.	Hunting/fishing (recreational) .....	1	2	3	4	
h.	Parties .....	1	2	3	4	
i.	Hobbies .....	1	2	3	4	
j.	Movies (not TV) .....	1	2	3	4	
k.	Visiting (friends or relatives) .....	1	2	3	4	
l.	Social gatherings (church-sponsored activities, potlucks) .....	1	2	3	4	
m.	Community activities (e.g., council meetings, dedications, benefits) ....	1	2	3	4	(282)

56. [SHOW RESPONDENT CARD 14; READ LIST; CIRCLE ONE FOR EACH ROW] Now, I would like to ask you some questions about the way you have felt during the past six months. Here are some of the ways people feel at different times.

During the past six months, that is, since \_\_\_\_\_, how often have you:

MONTH	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Frequently</u>	
a. Felt that you just couldn't get going?	1	2	3	4	(283)
b. Felt that you were a worrier? .....	1	2	3	4	
c. Felt that your memory wasn't all right? .....	1	2	3	4	
d. Had personal worries that made you feel sick? .....	1	2	3	4	
e. Felt that nothing turned out right for you? .....	1	2	3	4	
f. Wondered if anything was worthwhile anymore? .....	1	2	3	4	
g. Felt sad or blue? .....	1	2	3	4	(289)

57. [SHOW RESPONDENT CARD 14; READ LIST; CIRCLE ONE FOR EACH ROW] Here is a list of symptoms. How often have you experienced any of them during the past six months (that is, since \_\_\_\_\_)?

MONTH	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Frequently</u>	
a. Felt weak all over .....	1	2	3	4	(290)
b. Suddenly felt hot all over .....	1	2	3	4	
c. Heart beating hard, pounding .....	1	2	3	4	
d. Restlessness, couldn't sit still .....	1	2	3	4	
e. Nervousness (fidgety, tense) .....	1	2	3	4	(294)

58. When did you have your last drink--that is, when was the last time you had any alcohol beverage, such as beer, wine, or liquor, even if it was only a little? [RECORD VERBATIM GIST; NOTE: DETERMINE WHETHER DRINKING TOOK PLACE DURING THE PAST SIX MONTHS OR SINCE DISCHARGE FROM TREATMENT--IF THAT PERIOD OF TIME IS LESS THAN SIX MONTHS; REFER TO CALENDAR IF NECESSARY]

\_\_\_\_\_ MONTH DAY YEAR (300)

DID RESPONDENT DRINK DURING THE PAST SIX MONTHS OR SINCE DISCHARGE--IF THAT PERIOD OF TIME IS LESS THAN SIX MONTHS?

NO ..... 1  
YES ..... 2 (301)

IF NO, GO TO 76, PAGE 24.

59. During the past six months how often did you drink beer? [SHOW RESPONDENT CARD 15; READ LIST]
- |                                            |   |       |
|--------------------------------------------|---|-------|
| Every day or nearly every day .....        | 1 |       |
| 3-4 times a week .....                     | 2 |       |
| 1-2 times a week .....                     | 3 |       |
| 1-3 times a month .....                    | 4 | (302) |
| 3-5 times in the past six months .....     | 5 |       |
| Once or twice in the past six months ..... | 6 |       |
| Never in the past six months               |   |       |
| [GO TO 61] .....                           | 7 |       |

OTHER \_\_\_\_\_

60. During the past six months, how much beer did you drink on a typical day on which you drank beer? [PROBE FOR CONTAINER SIZE/UNIT; IF DRINK WAS SHARED, NUMBER OF DRINKERS, ETC.]
- |                                |    |       |
|--------------------------------|----|-------|
| 1 12-OUNCE CAN OR BOTTLE ..... | 01 |       |
| 2 CANS .....                   | 02 |       |
| 3 CANS [1 QUART] .....         | 03 |       |
| 4 CANS .....                   | 04 |       |
| 5 CANS [2 QUARTS] .....        | 05 | (304) |
| 6 CANS .....                   | 06 |       |
| 7 CANS .....                   | 07 |       |
| 8-11 CANS .....                | 10 |       |
| 12-17 CANS .....               | 11 |       |
| 18 OR MORE CANS .....          | 12 |       |

OTHER QUANTITY \_\_\_\_\_

61. During the past six months how often did you drink wine? [SHOW RESPONDENT CARD 15; READ LIST]
- |                                            |   |       |
|--------------------------------------------|---|-------|
| Every day or nearly every day .....        | 1 |       |
| 3-4 times a week .....                     | 2 |       |
| 1-2 times a week .....                     | 3 |       |
| 1-3 times a month .....                    | 4 | (305) |
| 3-5 times in the past six months .....     | 5 |       |
| Once or twice in the past six months ..... | 6 |       |
| Never in the past six months [GO TO 63]..  | 7 |       |

OTHER \_\_\_\_\_

62. During the past six months, how much wine did you drink on a typical day on which you drank wine? [PROBE FOR CONTAINER SIZE/UNIT; IF DRINK WAS SHARED, NUMBER OF DRINKERS, ETC.]
- |                                        |    |       |
|----------------------------------------|----|-------|
| 1 GLASS [4 OZ.] .....                  | 01 |       |
| 2 GLASSES .....                        | 02 |       |
| 3 GLASSES .....                        | 03 |       |
| 4 GLASSES .....                        | 04 |       |
| 5 GLASSES [BOTTLE OF TABLE WINE] ..... | 05 | (307) |
| 6 GLASSES .....                        | 06 |       |
| 7 GLASSES .....                        | 07 |       |
| 8-11 GLASSES .....                     | 10 |       |
| 12-17 GLASSES .....                    | 11 |       |
| 18 OR MORE GLASSES .....               | 12 |       |

OTHER QUANTITY \_\_\_\_\_

63. During the past six months how often did you drink hard liquor? [SHOW RESPONDENT CARD 15; READ LIST]

- Every day or nearly every day ..... 1
- 3-4 times a week ..... 2
- 1-2 times a week ..... 3
- 1-3 times a month ..... 4
- 3-5 times in the past six months ..... 5 (308)
- Once or twice in the past six months .... 6
- Never in the past six months [GO TO 65].. 7

OTHER \_\_\_\_\_

64. During the past six months, how much hard liquor did you drink on a typical day on which you drank hard liquor? [PROBE FOR CONTAINER SIZE/UNIT; IF DRINK WAS SHARED, NUMBER OF DRINKERS, ETC.]

- 1 DRINK [1 OUNCE OF HARD LIQUOR] ..... 01
- 2 DRINKS ..... 02
- 3 DRINKS ..... 03
- 4 DRINKS ..... 04
- 5 DRINKS ..... 05 (310)
- 6 DRINKS ..... 06
- 7 DRINKS ..... 07
- 8-11 DRINKS ..... 10
- 12-17 DRINKS [PINT] ..... 11
- 18 OR MORE DRINKS [FIFTH] ..... 12

OTHER QUANTITY \_\_\_\_\_

65. How would you describe your drinking for each of the past six months? [SHOW RESPONDENT CARD 16; READ LIST; REFER TO CALENDAR AND RECORD EACH TIME PERIOD; START WITH THE MOST RECENT MONTH AS MONTH 1 AND WORK BACKWARD]

	Month	From Week	To Week	Not Drinking At All						(311)
				Rarely Drinking	Social/Moderate Drinking	Heavy Drinking	Problem Drinking	Alcoholic Drinking		
a.	1	0	4	1	2	3	4	5	6	
b.	2	5	8	1	2	3	4	5	6	
c.	3	9	12	1	2	3	4	5	6	
d.	4	13	16	1	2	3	4	5	6	
e.	5	17	20	1	2	3	4	5	6	
f.	6	21	24	1	2	3	4	5	6	(316)

66. How often did you get drunk during the past six months? [SHOW RESPONDENT CARD 17; READ LIST]

- Every day or nearly every day ..... 1
- 3-4 times a week ..... 2
- 1-2 times a week ..... 3
- 1-3 times a month ..... 4 (317)
- 3-5 times in the past six months ..... 5
- Once or twice in the past six months .... 6
- Never in the past six months [GO TO 70].. 7

OTHER \_\_\_\_\_

67. How many drinks did it take for you to get drunk (during the past six months)? [PROBE FOR CONTAINER SIZE/UNIT; IF DRINK WAS SHARED, NUMBER OF DRINKERS, ETC.]

NUMBER OF DRINKS   (319)

68. How many times during the past six months did you stay drunk for one or more days?

NUMBER OF TIMES    (322)  
[IF ZERO, GO TO 70]

69. IF ONE OR MORE TIMES, ASK: For how many days at a time?

NUMBER OF DAYS   (324)

70. Have you tried to cut down on your drinking during the past six months?

NO ..... 1 (325)  
YES ..... 2

71. Have you tried to stop drinking altogether during the past six months?

NO ..... 1 (326)  
YES ..... 2

72. IF YES, For how long were you successful?

NUMBER OF DAYS    (329)

73. When you were drinking during the past six months, that is, since \_\_\_\_\_, MONTH  
did you most often drink: [SHOW RESPONDENT CARD 18; READ RESPONSES]

With friends? ..... 1 (330)  
With relatives, including spouse? ..... 2  
With acquaintances? ..... 3  
Alone? ..... 4  
Other, specify: \_\_\_\_\_ 5


74. When you were drinking during the past six months, that is, since \_\_\_\_\_, MONTH  
where did you do most of your drinking? [SHOW RESPONDENT CARD 19; READ RESPONSES]

At home ..... 1 (331)  
At other people's homes ..... 2  
At bars or restaurants ..... 3  
On the street/alley/hallway ..... 4  
Other, specify: \_\_\_\_\_ 5




75. FIRST, ASK THE ENTIRE SERIES, INQUIRING WHETHER THE EXPERIENCES HAVE OCCURRED DURING THE PAST SIX MONTHS. THEN, GO BACK OVER THE LIST, AND FOR EACH REPORTED EXPERIENCE, ASK: HOW MANY TIMES HAS THIS HAPPENED DURING THE PAST SIX MONTHS?

Here is a list of some experiences that many people have reported in connection with drinking. As I read each item, please tell me if this experience has happened to you during the past six months. [READ EACH ITEM; CIRCLE ONE FOR EACH ROW]

How about:	 a. Has this happened during the past six months?		b. IF YES, How many times has this happened during the past six months? <u>EXACT NUMBER</u>	
	<u>NO</u>	<u>YES</u>		
(1) I have skipped a number of regular meals while drinking .....	1	2	<input type="checkbox"/>	(335)
(2) I have taken a few quick drinks before going to a party to make sure I had enough .....	1	2	<input type="checkbox"/>	(339)
(3) I have had a quick drink or so when no one was looking .....	1	2	<input type="checkbox"/>	(343)
(4) I have awakened the next day not being able to remember some of the things I had done while drinking .....	1	2	<input type="checkbox"/>	(347)
(5) I have taken a drink the first thing when I got up in the morning .....	1	2	<input type="checkbox"/>	(351)
(6) A police officer questioned or warned me because of my drinking .....	1	2	<input type="checkbox"/>	(355)
(7) I have lost a job or nearly lost one because of my drinking .....	1	2	<input type="checkbox"/>	(359)
(8) I have had hallucinations (thought I saw things that weren't really there or had vague fears) because of my drinking .....	1	2	<input type="checkbox"/>	(363)
(9) I felt that my drinking was becoming a serious threat to my physical health .....	1	2	<input type="checkbox"/>	(367)
(10) I have been arrested for being drunk .....	1	2	<input type="checkbox"/>	(371)
(11) I was afraid I might be an alcoholic .....	1	2	<input type="checkbox"/>	(375)
(12) I have had severe hangovers .....	1	2	<input type="checkbox"/>	(379)

[THESE ITEMS CONTINUE ONTO THE NEXT PAGE]

	 a. Has this happened during the past six months?		b. IF YES, How many times has this happened during the past six months? EXACT NUMBER	
	NO	YES		
	1	2	[ ] [ ] [ ] [ ]	( ) ( ) ( ) ( )
(13) I have experienced dry heaves .....	1	2	[ ] [ ] [ ] [ ]	(383)
(14) I have been arrested for driving after drinking .....	1	2	[ ] [ ] [ ] [ ]	(387)
(15) Friends have indicated that I should cut down on drinking .....	1	2	[ ] [ ] [ ] [ ]	(391)
(16) I have gotten into several arguments with my spouse (partner) about my drinking .....	1	2	[ ] [ ] [ ] [ ]	(395)
(17) A physician suggested I cut down on drinking	1	2	[ ] [ ] [ ] [ ]	(399)
(18) I had an illness connected with drinking, which kept me from my regular job for a week or so .....	1	2	[ ] [ ] [ ] [ ]	(403)
(19) My spouse (partner) has threatened to leave me because of my drinking .....	1	2	[ ] [ ] [ ] [ ]	(407)
(20) My spouse (partner) left me because of my drinking .....	1	2	[ ] [ ] [ ] [ ]	(411)
(21) My drinking contributed to getting involved in an accident in which someone else was hurt or property (such as an auto) was damaged.....	1	2	[ ] [ ] [ ] [ ]	(415)
(22) I sometimes kept drinking after I had promised myself not to .....	1	2	[ ] [ ] [ ] [ ]	(419)
(23) My drinking contributed to getting hurt in an accident (in a car, boat, airplane, or elsewhere) .....	1	2	[ ] [ ] [ ] [ ]	(423)
(24) My hand shook a lot the morning after drinking .....	1	2	[ ] [ ] [ ] [ ]	(427)
(25) I have tossed down several drinks pretty fast to get a quicker effect from them .....	1	2	[ ] [ ] [ ] [ ]	(431)
(26) Once I started drinking, it was difficult for me to stop before I became completely intoxicated .....	1	2	[ ] [ ] [ ] [ ]	(435)
(27) I deliberately tried to cut down or quit drinking but was unable to do so .....	1	2	[ ] [ ] [ ] [ ]	(439)

[THESE ITEMS CONTINUE ONTO THE NEXT PAGE]

	a. Has this happened during the past six months?		b. IF YES, How many times has this happened during the past six months? EXACT NUMBER	
	NO	YES		
(28) I stayed intoxicated for several days at a time .....	1	2	□□□□	(443)
(29) Drinking led to my quitting a job .....	1	2	□□□□	(447)
(30) Drinking may have hurt my chances for promotions, raises, or better jobs .....	1	2	□□□□	(451)
(31) People at work have indicated that I should cut down on drinking .....	1	2	□□□□	(455)
(32) My drinking was involved in losing a friend or drifting apart from a friend .....	1	2	□□□□	(459)
(33) I have stayed away from work or gone to work late because of a hangover .....	1	2	□□□□	(463)
(34) I have gotten high or tight while on the job	1	2	□□□□	(467)

[GO TO COL. b]

76. Have you used any of the following substances during the past six months, that is, since \_\_\_\_\_ MONTH ? [SHOW RESPONDENT CARD 20; READ LIST]

	(1) [READ DOWN LIST FIRST]		(2) IF YES, How often? →						(3) Was it medically prescribed?		
	NO	YES	Every day or nearly every day	3-4 times a week	1-2 times a week	1-3 times a month	3-5 times during the past six months	1-2 times during the past six months	NO	YES	
a. <u>Uppers</u> : Speed, amphetamines, cocaine, etc.	1	2	1	2	3	4	5	6	1	2	(470)
b. <u>Downers</u> : Tranquilizers, barbiturates, Quaaludes, Librium, Valium, etc.	1	2	1	2	3	4	5	6	1	2	(473)
c. <u>Opiates</u> : Heroin, morphine, codeine, opium, methadone, etc.	1	2	1	2	3	4	5	6	1	2	(476)

[THESE ITEMS CONTINUE ONTO THE NEXT PAGE]

	(1) [READ DOWN LIST FIRST]		(2) IF YES, How often?						(3) Was it medically prescribed?		
	NO	YES	Every day or nearly every day	3-4 times a week	1-2 times a week	1-3 times a month	3-5 times during the past <u>six months</u>	1-2 times during the past <u>six months</u>	NO YES		
									NO	YES	
d. <u>Marijuana</u> : Hash, THC, grass, etc.	1	2	1	2	3	4	5	6	1	2	(479)
e. <u>Hallucinogens</u> : LSD, mescaline, psilocybin, PCP or angel dust, etc.	1	2	1	2	3	4	5	6	1	2	(482)
f. <u>Other Mood Changing Drugs</u> , specify: _____	1	2	1	2	3	4	5	6	1	2	(485)

77. Have you attempted suicide during the past six months?

NO ..... 1 (486)  
YES ..... 2

78. Tell me how much you agree or disagree with each of the following statements.  
[READ EACH STATEMENT; SHOW RESPONDENT CARD 21; READ RESPONSES]

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	
a. Not drinking is just a matter of deciding I no longer want to drink .....	1	2	3	4	(487)
b. I can overcome my urge to drink .....	1	2	3	4	
c. In the long run, I am responsible for my drinking problems .....	1	2	3	4	
d. I have control over my drinking behavior	1	2	3	4	
e. I feel completely helpless when it comes to resisting a drink .....	1	2	3	4	
f. If I make up my mind, I can stop drinking	1	2	3	4	(492)

79. Do you feel you have ever been a problem drinker? NO ..... 1 (493)  
 YES ..... 2

IF YES, ASK:

80. At what age did you become a problem drinker? AGE [ ][ ] (495)

81. Are you a problem drinker now? NO ..... 1 (496)  
 YES ..... 2

82. Do you feel you have ever been an alcoholic? NO ..... 1 (497)  
 YES ..... 2

IF YES, ASK:

83. At what age did you become an alcoholic? AGE [ ][ ] (499)

84. Are you an alcoholic now? NO ..... 1 (500)  
 YES ..... 2

85. Do you now feel that your drinking has had a harmful effect on you in any of the following areas? [READ LIST; CIRCLE ONE FOR EACH ROW]

	<u>NO</u>	<u>YES</u>	<u>N/A</u>	
How about:				
a. Your friendship and social life? .....	1	2	3	(501)
b. Your home life? .....	1	2	3	
c. Your relationship with your children? .	1	2	3	
d. Your job or job opportunities? .....	1	2	3	
e. The place you live? .....	1	2	3	
f. Your money or finances? .....	1	2	3	
g. Your outlook on life? .....	1	2	3	
i. Your subsistence activities? .....	1	2	3	(508)

86. IF CLIENT TERMINATED TREATMENT, ASK: I understand you left treatment on your own accord. Why did you leave? [RECORD VERBATIM GIST] \_\_\_\_\_

[ ][ ] (510)  
 [OFFICE CODE]

87. What has been your treatment goal during the past six months? [RECORD VERBATIM GIST]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[OFFICE CODE] (512)

88. Did you reach your goal?

NO ..... 1 (513)  
YES ..... 2

89. IF NO, Why not? [RECORD VERBATIM GIST]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ [OFFICE CODE] (515)

90. Choose one of these categories to predict your drinking six months from now. [SHOW RESPONDENT CARD 22; READ RESPONSES]

Not drinking at all ..... 1  
Rarely drinking ..... 2 (516)  
Social/Moderate drinking ..... 3  
Heavy drinking ..... 4  
Problem drinking ..... 5  
Alcoholic drinking ..... 6

91. How capable do you now feel to deal with your drinking problem? Would you say that you feel: [SHOW RESPONDENT CARD 23]

Not at all capable? ..... 1  
Somewhat capable? ..... 2 (517)  
Capable? ..... 3  
Very capable? ..... 4

92. Do you think there are some people who are so sensitive to alcohol that they can't stop drinking after just one or two drinks?

NO ..... 1 (518)  
YES ..... 2

93. Do you think that alcoholism is a disease from which a person can never completely recover?

NO ..... 1 (519)  
YES ..... 2

94. Do you think that a person who was once an alcoholic will always be an alcoholic?

NO ..... 1 (520)  
YES ..... 2

95. Do you think that an alcoholic can ever go back to moderate (social, not problem) drinking and not start drinking too much?

NO ..... 1  
 YES ..... 2 (521)

96. Are you currently on parole, probation, or SIS (suspended imposition of sentencing)?

[RELEASE]


NO ..... 1  
 YES ..... 2 (522)


97. IF YES, What is the name of your probation (or parole) officer?

\_\_\_\_\_  [RELEASE]


98. FIRST, ASK THE ENTIRE SERIES, INQUIRING WHETHER THE EVENTS HAVE OCCURRED IN THE PAST SIX MONTHS. GO BACK OVER THE LIST AND, FOR EACH REPORTED EVENT, ASK "HOW MANY TIMES HAS THIS HAPPENED IN THE PAST SIX MONTHS?," ETC.

Here is a list of some common events that many people have experienced. As I read each event, please tell me if this has happened to you during the past six months, that is, since \_\_\_\_\_ MONTH.


How about... [READ EACH EVENT]	 (1) Did this happen during the past six months? NO YES		IF YES TO (1), THEN ASK (2) AND (3)	
			(2) How many times did this happen during the past six months?	(3) How many of these times had you been drinking?
a. Boating accidents	1	2	<input type="checkbox"/>	<input type="checkbox"/> (527)
b. Airplane accidents	1	2	<input type="checkbox"/>	<input type="checkbox"/> (532)
c. Automobile accidents	1	2	<input type="checkbox"/>	<input type="checkbox"/> (537)
d. Fire accidents	1	2	<input type="checkbox"/>	<input type="checkbox"/> (542)
e. Home accidents	1	2	<input type="checkbox"/>	<input type="checkbox"/> (547)
f. On the job accidents	1	2	<input type="checkbox"/>	<input type="checkbox"/> (552)

How about... [READ EACH EVENT]	 (1) Did this happen during the past six months? <u>NO</u> <u>YES</u>		IF YES TO (1), THEN ASK (2) AND (3)	
			(2) How many times did this happen during the past six months?	(3) How many of these times had you been drinking?
g. Other accidents, specify: _____	1	2	<input type="text"/>	<input type="text"/> (557)
h. _____	1	2	<input type="text"/>	<input type="text"/> (562)
i. Family disputes	1	2	<input type="text"/>	<input type="text"/> (567)
j. Complaints of child abuse/neglect	1	2	<input type="text"/>	<input type="text"/> (572)
k. Other complaints from neighbors	1	2	<input type="text"/>	<input type="text"/> (577)
l. Arguments over belongings	1	2	<input type="text"/>	<input type="text"/> (582)

99. Here is a list of types of public agencies. As I read each type of agency, tell me if you have had contact with any such agency to deal with your problems during the past six months, that is, since \_\_\_\_\_? [RECORD CONTACTS WITH ALCOHOL TREATMENT AGENCIES IN ITEM 114] MONTH

READ LIST OF ALL EVENTS FIRST  TYPES OF AGENCIES	 (1) CONTACT DURING PAST SIX MONTHS? <u>NO</u> <u>YES</u>		IF YES TO (1), ASK:	
			(2) How many times during the past six months?	(3) How many of these times had you been drinking?
a. Hospital emergency room .....	1	2	<input type="text"/>	<input type="text"/> (587)
b. Rescue services/crisis services .....	1	2	<input type="text"/>	<input type="text"/> (592)
c. Health agencies, such as hospital outpatient services, clinics, health aides, public health nurse, eye/dental clinic, etc. ..	1	2	<input type="text"/>	<input type="text"/> (597)



READ LIST OF ALL EVENTS FIRST  TYPES OF AGENCIES	 (1) CONTACT DURING PAST SIX MONTHS? NO      YES		IF YES TO (1), ASK:	
			(2) How many times during the past six months?	(3) How many of these times had you been drinking?
d. Public assistance agencies for food stamps, AFDC, SSI, etc. ....	1	2	<input type="text"/>	<input type="text"/> (602)
e. Mental health agencies, such as community mental health centers, API, etc. ...	1	2	<input type="text"/>	<input type="text"/> (607)
f. Women's shelters .....	1	2	<input type="text"/>	<input type="text"/> (612)
g. Job service agencies (job finding or training) .....	1	2	<input type="text"/>	<input type="text"/> (617)
h. Criminal court-- Supreme, Appeals, Superior, District, or Magistrate Court .....	1	2	<input type="text"/>	<input type="text"/> (622)
i. Small claims court ...	1	2	<input type="text"/>	<input type="text"/> (627)
j. Family/children's court .....	1	2	<input type="text"/>	<input type="text"/> (632)
k. Divorce court .....	1	2	<input type="text"/>	<input type="text"/> (637)

100. I am going to read a list of various categories of criminal offenses. Please tell me how many times you have been arrested for offenses in each category in the past six months. [READ LIST]  [RELEASE]
- a. DWI/OMVI (Drunk driving) .....  (639)
  - b. Reckless or careless driving, leaving the scene of an accident, driving without a valid license .....  (641)
  - c. Other misdemeanor offenses such as disorderly conduct, vagrancy, simple assault, assault and battery, drinking in public, etc. ...  (643)
  - d. Violent crimes, such as homicide, rape, aggravated assault, assault with a deadly weapon, robbery, etc. ....  (645)
  - e. Felony property crimes such as auto theft, larceny, burglary, sale of narcotic drugs, etc. ....  (647)

101. Has your driver's licence been revoked, suspended, or restricted in the past six months? [PROBE FOR REASON]

NO .....	1	
NO, NEVER HAD A LICENSE .....	2	
YES, NOT RELATED TO DRINKING ....	3	(648)
YES, RELATED TO DRINKING .....	4	

102. I'm going to ask you a series of questions about your friends--people you see often, like to be around, like to do things with and who feel the same way about you. You may include people who live with you or relatives. [SHOW RESPONDENT CARD 24; READ LIST]

	<u>Almost All</u>	<u>Many</u>	<u>Some</u>	<u>Few or None</u>	
a. How many of these friends do not drink at all at the present time? .....	1	2	3	4	(649)
b. How many of these friends are heavy drinkers at the present time? .....	1	2	3	4	
c. How many of these friends would you say are recovered or recovering alcoholics at the present time? .....	1	2	3	4	
<hr/>					
d. How many of these friends think it is all right to get drunk regularly? .....	1	2	3	4	
e. How many of these friends would you say disapprove of heavy drinking? .....	1	2	3	4	
f. How many of these friends do you think would offer you a drink even if they knew you were trying to quit? .....	1	2	3	4	
<hr/>					
g. How many of these friends avoid you when you are not drinking? .....	1	2	3	4	
h. How many of these friends would want you to seek treatment if you were having a problem with drinking? .....	1	2	3	4	
i. How many of these friends would be against your getting some treatment if you were having a problem with drinking? .....	1	2	3	4	(657)

[THESE ITEMS CONTINUE ONTO THE NEXT PAGE]

	<u>Almost All</u>	<u>Many</u>	<u>Some</u>	<u>Few or None</u>	
j. How many of these friends would be "pulling for you" if you were trying to cut down on or quit drinking?	1	2	3	4	(658)
k. How many of these friends expect you to drink with them? .....	1	2	3	4	
l. How many of these friends try to cheer you up if you need it? .....	1	2	3	4	
<hr/>					
m. How many of these friends can you count on if you need help? .....	1	2	3	4	
n. How many of these friends really care about you? ....	1	2	3	4	
o. How many of these friends could you go to for some advice about an important decision you were trying to make? .....	1	2	3	4	
<hr/>					
p. How many of these friends can you talk to about anything that is on your mind? .....	1	2	3	4	(664)
103. How many friends did you have in mind when you were answering these questions?					NUMBER <input type="text"/> <input type="text"/> (666)
104. How many of these friends are Alaskan Natives?					NUMBER <input type="text"/> <input type="text"/> (668)
105. How many of your friends mentioned above know or speak any languages other than English?					NUMBER <input type="text"/> <input type="text"/> (670)

106. With whom did you live during the past six months (that is, since \_\_\_\_\_) ?

MONTH

How are they related to you? [LIST RELATIONSHIP OF ALL PERSONS LIVING WITH RESPONDENT; THEN, FOR EACH PERSON, ASK: HOW MANY MONTHS HAS HE/SHE LIVED WITH YOU DURING THE PAST SIX MONTHS?, ETC.]

(1) RELATIONSHIP OF PERSONS LIVING WITH RESPONDENT	CODE*	(2) How many months has he/she lived with you during the past <u>six months</u> ?	(3) Is he/she currently living with you?		(4) How would you describe his/her drinking pattern during the past <u>six months</u> ? [SHOW RESPONDENT CARD 25; READ LIST]							
			NO	YES	Never drinks	Rarely drinking	Social/moderate drinking	Heavy drinking	Problem drinking	Alcoholic drinking	Recovering alcoholic	
a. _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1	2	1	2	3	4	5	6	7	(675)
b. _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1	2	1	2	3	4	5	6	7	
c. _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1	2	1	2	3	4	5	6	7	
d. _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1	2	1	2	3	4	5	6	7	
e. _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1	2	1	2	3	4	5	6	7	
f. _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1	2	1	2	3	4	5	6	7	
g. _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1	2	1	2	3	4	5	6	7	
h. _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1	2	1	2	3	4	5	6	7	(710)

RELATIONSHIP CODES	
SPOUSE .....	01
COMMON-LAW SPOUSE.....	02
STEPPARENT .....	03
CHILDREN .....	04
SIBLING .....	05
MOTHER .....	06
FATHER .....	07
OTHER RELATIVE/GRANDMOTHER .....	10
GIRLFRIEND/BOYFRIEND .....	11
OTHER FRIEND .....	12
EMPLOYER .....	13
FOSTER PARENT(S) .....	14

\* CODE USING RELATIONSHIP CODES AFTER INTERVIEW IS COMPLETED.

107. Name the clubs and organizations to which you belong, then tell me whether a language other than English is spoken there and how frequently you attend. [PROBE FOR NATIVE ORGANIZATIONS, VILLAGE CORPORATIONS, CHURCH GROUPS, UNIONS, PTAs, BOWLING TEAMS, CIVIC ASSOCIATIONS, MEMBERSHIP GROUPS, ETC.; SHOW RESPONDENT CARD 26; READ LIST]

(1) CLUBS AND ORGANIZATIONS	(2) LANGUAGE OTHER THAN ENGLISH SPOKEN		(3) ATTENDS				
	NO	YES	Never	Rarely	Sometimes	Frequently	
a. _____	1	2	1	2	3	4	(712)
b. _____	1	2	1	2	3	4	
c. _____	1	2	1	2	3	4	
d. _____	1	2	1	2	3	4	
e. _____	1	2	1	2	3	4	(720)

108. [INTERVIEWER CODE] TOTAL NUMBER OF CLUBS AND ORGANIZATIONS ..... TOTAL NUMBER  (721)

109. READ EACH ITEM. ASK, "DID THIS HAPPEN TO YOU DURING THE PAST SIX MONTHS?" IF YES, IMMEDIATELY ASK QUESTION (b), SHOW RESPONDENT CARD 27, AND READ RESPONSES. IF NO, READ NEXT ITEM.

Here is a list of events that may happen to anyone. As I read each one, tell me if it has happened to you during the past six months?

Did this happen to you during the past <u>six months</u> ? [FOR SUBSEQUENT ITEMS] How about...	(a) During the past <u>six months</u> ?		IF YES TO (a), THEN ASK (b) How stressful was it?				
	NO	YES	Very	Some-what	A Little	Not At All	
01 Moved to a new residence .....	1	2	1	2	3	4	(723)
02 Graduated from school or training program .....	1	2	1	2	3	4	
03 Lost something of sentimental value .....	1	2	1	2	3	4	
04 Death of a close friend .....	1	2	1	2	3	4	
05 Trouble with friends or neighbors	1	2	1	2	3	4	
06 Engagement .....	1	2	1	2	3	4	(733)

[THESE ITEMS CONTINUE ONTO THE NEXT PAGE]



IF YES TO (a), THEN ASK (b)

Did this happen to you during the past six months? [FOR SUBSEQUENT ITEMS] How about...	(a) During the past six months?		(b) How stressful was it?				
	NO	YES	Very	Some- what	A Little	Not At All	
07 Marriage .....	1	2	1	2	3	4	(735)
08 Marriage problems .....	1	2	1	2	3	4	
09 Separation/breakup of an important relationship .....	1	2	1	2	3	4	
10 Marital reconciliation .....	1	2	1	2	3	4	(741)
11 Divorce .....	1	2	1	2	3	4	
12 Birth of a child in your immediate family .....	1	2	1	2	3	4	
13 Trouble with in-laws .....	1	2	1	2	3	4	(747)
14 Your own serious illness or injury	1	2	1	2	3	4	
15 Serious problems, illness, or injury of family member .....	1	2	1	2	3	4	
16 Death of spouse .....	1	2	1	2	3	4	(753)
17 Death of immediate family member (other than spouse) .....	1	2	1	2	3	4	
18 Trouble with superiors at work ...	1	2	1	2	3	4	
19 Laid off or fired from a job .....	1	2	1	2	3	4	(759)
20 Unemployed for a month or more ...	1	2	1	2	3	4	
21 Greatly increased work load .....	1	2	1	2	3	4	
22 Promotion at work .....	1	2	1	2	3	4	(765)
23 Took a better (new) job .....	1	2	1	2	3	4	
24 Income increased substantially ...	1	2	1	2	3	4	
25 Income decreased substantially ...	1	2	1	2	3	4	(771)
26 Went deeply into debt .....	1	2	1	2	3	4	
27 Your child entered a new school ...	1	2	1	2	3	4	
28 Your child left home (e.g., for school, military service) .....	1	2	1	2	3	4	(777)
29 Your child came home after a long absence .....	1	2	1	2	3	4	(779)

[THESE ITEMS CONTINUE ONTO THE NEXT PAGE]



Did this happen to you during the past <u>six months</u> ? [FOR SUBSEQUENT ITEMS] How about...	(a)		IF YES TO (a), THEN ASK (b)				
	During the past <u>six months</u> ?		How stressful was it?				
	<u>NO</u>	<u>YES</u>	<u>Very</u>	<u>Some- what</u>	<u>A Little</u>	<u>Not At All</u>	
30 Other relative moved into household .....	1	2	1	2	3	4	(781)
31 Legal problems .....	1	2	1	2	3	4	
32 Assaulted or robbed .....	1	2	1	2	3	4	(785)

110. We are interested in how people deal with these stressful life events. Please pick the most important event from those you previously indicated. If none of these events has come up, select another event that you have had to deal with during the past six months. [PROBE: DETERMINE THE MOST IMPORTANT/STRESSFUL EVENT; DO NOT INCLUDE DRINKING OR DRUG-RELATED EVENTS]

(1) THE NAME OF THIS EVENT \_\_\_\_\_ [ ] (787)  
 CODE EVENT, USING CODES IN THE PRECEDING QUESTION. CODE 33 FOR ANOTHER PROBLEM.

(2) As I read each statement, tell me if you did this when [ABOVE EVENT] happened.

	<u>NO</u>	<u>YES</u>	
a. Tried to find out more about the situation .....	1	2	(788)
b. Talked with spouse or other relative about the problem .....	1	2	
c. Talked with a friend about the problem .....	1	2	
d. Talked with a professional person, e.g., doctor, lawyer, clergy, social worker, psychiatrist, marriage counselor .....	1	2	
e. Prayed for guidance and/or strength .....	1	2	
f. Prepared for the worst .....	1	2	
g. Tried not to worry about it; figured everything would probably work out fine .....	1	2	
h. Sometimes took it out on other people when I felt angry or depressed .....	1	2	
i. Tried to see the positive side of the situation .....	1	2	
j. Got busy with other things to keep my mind off the problem .....	1	2	
k. Took some positive action .....	1	2	
l. Considered several alternatives for handling the problem .....	1	2	(799)

[THESE ITEMS CONTINUE ONTO THE NEXT PAGE]

	<u>NO</u>	<u>YES</u>	
m. Tried to reduce the tension by:			
(1) Drinking more .....	1	2	(800)
(2) Eating more .....	1	2	
(3) Smoking more tobacco .....	1	2	
(4) Exercising more .....	1	2	
(5) Increasing drug use .....	1	2	
n. Drew on my past experiences; I was in a similar situation before	1	2	
o. Kept my feelings to myself .....	1	2	
p. Took things a day at a time, one step at a time .....	1	2	
q. Tried to step back from the situation and be more objective .....	1	2	(808)

111. Sometimes, when people have problems, they turn to certain people for help. Have you gone to any of the people on this list for advice or help with marriage, family problems, drinking problems, or other personal problems during the past six months? [READ LIST; CIRCLE ONE FOR EACH ROW]

How about?

	<u>NO</u>	<u>YES</u>	
a. Minister, priest, rabbi, or other spiritual counselor .....	1	2	(809)
b. Marriage or family counselor .....	1	2	
c. Medical doctor (not a psychiatrist) .....	1	2	
<hr/>			
d. Psychiatrist or psychologist, mental health worker, clinic, social worker .....	1	2	(812)
e. Police, trooper, probation officer, or magistrate .....	1	2	
f. Self-help or sensitivity group (not AA) .....	1	2	
<hr/>			
g. Lawyer, district attorney, public defender, legal services ....	1	2	(815)
h. Your employer, supervisor .....	1	2	
i. Other, specify: _____	1	2	

112. During the past six months, that is, since \_\_\_\_\_, have you attended any Alcoholics Anonymous meetings? MONTH

NO .....	1	
YES .....	2	(818)

113. IF YES, ASK: How many meetings have you attended during the past six months? NUMBER   (820)



114. During the past six months, that is, since \_\_\_\_\_, have you received any formal alcoholism treatment services (other than AA)?

NO ..... 1  
 YES ..... 2 (821)

115. IF YES, ASK THE QUESTIONS BELOW. PROBE FOR MULTIPLE OCCURRENCES AND LIST EACH TREATMENT EPISODE SEPARATELY.

(1) Where was it?	(2) What type of treatment did you receive?								(3) How long were you in treatment?  NUMBER OF DAYS	(4) Did you complete the program?			
	Emergency Service Patrol	Detoxification	Inpatient/Short-term intermediate care	Long-term intermediate care (halfway house, etc.)	Outpatient	Aftercare	Follow-Up	Antabuse		NO	YES		
								NO				YES	
a. _____	1	2	3	4	5	6	7	1	2	_____	1	2	(827) <input type="checkbox"/>
b. _____	1	2	3	4	5	6	7	1	2	_____	1	2	(833) <input type="checkbox"/>
c. _____	1	2	3	4	5	6	7	1	2	_____	1	2	(839) <input type="checkbox"/>
d. _____	1	2	3	4	5	6	7	1	2	_____	1	2	(845) <input type="checkbox"/>
e. _____	1	2	3	4	5	6	7	1	2	_____	1	2	(851) <input type="checkbox"/>
f. _____	1	2	3	4	5	6	7	1	2	_____	1	2	(857) <input type="checkbox"/>
g. _____	1	2	3	4	5	6	7	1	2	_____	1	2	(863) <input type="checkbox"/>
TOTAL NUMBER OF DIFFERENT EPISODES											<input type="checkbox"/>	(864)	

[RELEASE]

116. During the past six months, that is, since \_\_\_\_\_, have you stayed  
MONTH  
overnight in a hospital, nursing home, or other medical facility? [EXCLUDE  
SPECIFIC TREATMENT FOR ALCOHOLISM, WHICH SHOULD BE RECORDED ABOVE]

NO ..... 1  
YES ..... 2 (865)

117. IF YES, ASK THE QUESTIONS BELOW. PROBE FOR MULTIPLE OCCURRENCES AND  
LIST EACH EPISODE SEPARATELY.

(1) Where?	(2) For how many nights?	(3) Was it alcohol- related?		
		NO	YES	
a. _____	<input type="checkbox"/>	1	2	(868) <input type="checkbox"/>
b. _____	<input type="checkbox"/>	1	2	(871) <input type="checkbox"/>
c. _____	<input type="checkbox"/>	1	2	(874) <input type="checkbox"/>
d. _____	<input type="checkbox"/>	1	2	(877) <input type="checkbox"/>
e. _____	<input type="checkbox"/>	1	2	(880) <input type="checkbox"/>
TOTAL NUMBER OF DIFFERENT EPISODES				<input type="checkbox"/> (881)

118. Have you participated in the Defensive Drivers Courses in Alaska during the  
past six months? [PROBE FOR TRAFFIC VIOLATIONS]

NO ..... 1  
YES ..... 2 (882)

119. Have you attended the Alcohol Information School (AIS, DAIS) in Alaska during  
the past six months?

NO ..... 1  
YES ..... 2 (883)

120. Do you have any comments you'd like to add or state about your treatment and/  
or this study? [RECORD VERBATIM GIST]

\_\_\_\_\_  
\_\_\_\_\_

(885)  
[OFFICE CODE]

CLOSING STATEMENT

[FLIP THROUGH INSTRUMENT TO BE SURE IT IS COMPLETE]

We are grateful for your participation in the study and would like you to accept  
this \$10 payment for your participation. [GIVE SUBJECT \$10; HAVE HIM/HER SIGN  
RECEIPT BOOK] Your cooperation has been important and I especially want to  
thank you for taking the time to talk with me today.

TIME ENDED:  :   
HOUR MINUTE (889)

AM ..... 1 (890)  
PM ..... 2

INTERVIEWER'S ASSESSMENT OF INTERVIEW

[TO BE COMPLETED IMMEDIATELY AFTER THE INTERVIEW,  
NOT IN THE PRESENCE OF THE RESPONDENT]

121. Where was the interview completed (i.e., in respondent's home, at program, etc.)?

---

122. Were there any problems created by interviewing the respondent in this location?

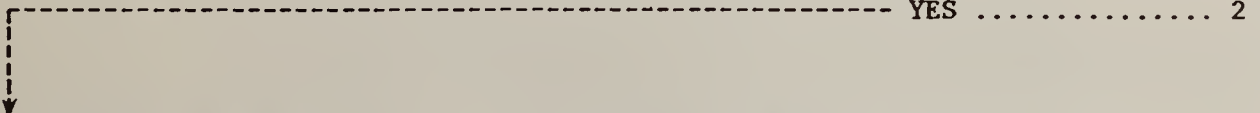
NO ..... 1  
YES ..... 2 (891)



123. IF YES, Explain \_\_\_\_\_  
\_\_\_\_\_

124. Were there any interruptions; i.e., was the interview interrupted by parents, friends, etc.?

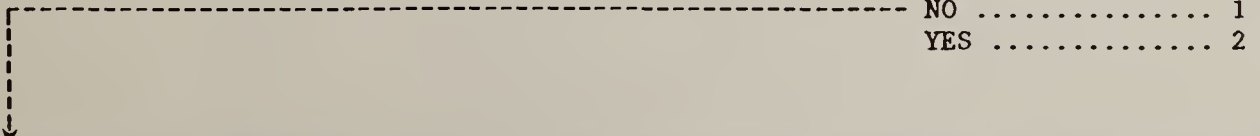
NO ..... 1  
YES ..... 2 (892)



125. IF YES, Who, and what effect do you feel it had on the interview? \_\_\_\_\_  
\_\_\_\_\_

126. Did the respondent seem open and honest in his/her responses; i.e., did he/she pay attention and take it seriously?

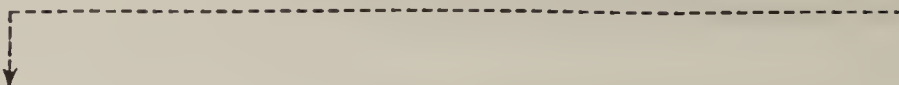
NO ..... 1  
YES ..... 2 (893)



127. IF NO, Explain \_\_\_\_\_  
\_\_\_\_\_

128. Did he/she object to answering any of the questions?

NO ..... 1  
YES ..... 2 (894)

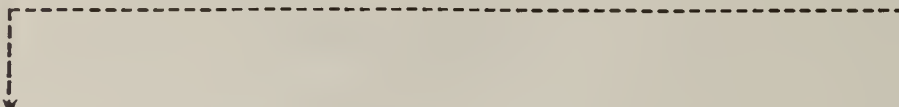


129.

IF YES, Which questions? \_\_\_\_\_  
\_\_\_\_\_

130. Did he/she have trouble understanding any of the questions?

NO ..... 1  
YES ..... 2 (895)

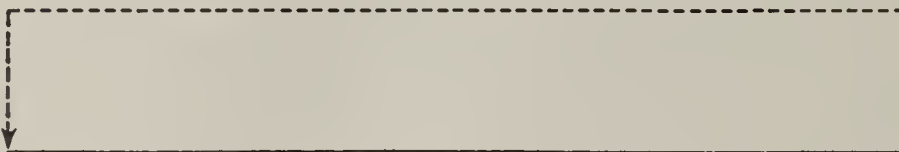


131.

IF YES, Which questions? \_\_\_\_\_  
\_\_\_\_\_

132. Was the respondent cooperative?

NO ..... 1  
YES ..... 2 (896)



133.

IF NO, Explain \_\_\_\_\_  
\_\_\_\_\_

134. Did the client drink alcoholic beverages during the interview?

NO ..... 1  
YES ..... 2 (897)

135. Additional Comments For Office Coding: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DRINKING-RELATED LOCUS OF CONTROL SCALE

- Authors: M. Keyson and L. Janda
- Assessment Areas Covered: Attitudes, beliefs, expectations, behavioral aspects of drinking, interpersonal relations, negative moods, decision to drink/not drink, prognosis
- Administration: Self-administered (10 minutes), no handwriting required, at screening
- Design Features: 25 items, forced-choice format
- Abstract: The concept of locus of control refers to the degree to which an individual perceives rewards or reinforcement as resulting from his or her own behavior. As described by Donovan and O'Leary, the Drinking-Related Locus of Control Scale (DRIE), "originally constructed by Keyson and Janda (1972), attempts to translate generalized expectancies of locus of control into a measure of expectancies dealing more specifically with drinking-related behavior (Oziel and Obitz 1975). The method of assessment and format of the DRIE parallels that employed in Rotter's (1966) locus of control scale. It consists of 25 items in a forced-choice format. In each item, an internally oriented response alternative is paired with an external alternative, each of which focuses on the same drinking-related topic. The subject chooses the alternative that more closely represents his or her belief or behavior. The scale is scored in the external direction, with higher scores reflecting less perceived control over drinking (i.e., more external)."
- Donovan and O'Leary (1978) investigated the reliability and validity of the scale. The internal consistency of the scale was relatively high (.77). Factor analysis revealed three significant factors with theoretical meaningfulness: interpersonal, intrapersonal, and general.
- Concurrent validation revealed that the DRIE was unrelated to education or cognitive function. It had low order relations in the expected direction with other measures of generalized locus of control. It was more highly correlated to measures of depression and psychopathology than was Rotter's locus of control scale.
- The construct validity of the DRIE was evidenced by its relationship to measures of drinking behavior as assessed by the Alcohol Use Inventory; Rotter's locus of control was not related to these measures. Finally, the DRIE has significantly discriminated between alcoholic and nonalcoholic subjects.
- Related Published Reports: Donovan, D.M., and O'Leary, M.R. Control orientation, drinking behavior, and alcoholism. In: Lefcourt, H., ed. Research With the Locus of Control Construct. Vol. 2. Developments and Social Problems. New York: Academic Press, 1983. Pp. 107-153.<sup>1</sup>
- Donovan, D.M., and O'Leary, M.R. The drinking-related locus of control scale: Reliability, factor structure and validity. Journal of Studies on Alcohol, 39:759-784, 1978.
- Keyson, M., and Janda, L. "Untitled Locus of Drinking Control Scale." St. Luke's Hospital, Phoenix, Ariz., unpublished.

<sup>1</sup> Refer to volume 1 in this series, Summaries of Alcoholism Treatment Assessment Research, for a further discussion of this article.

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- Oziel, L.J.; Obitz, F.W.; and Keyson, M. General and specific perceived locus of control in alcoholics. Psychological Reports, 30:957-958, 1972.
- O'Leary, M.R.; Donovan, D.M.; Freeman, C.W.; and Chaney, E.F. Relationship between psychopathology, experienced control and perceived locus of control: In search of alcoholic subtypes. Journal of Clinical Psychology, 32:899-904, 1976.
- O'Leary, M.R.; Donovan, D.M.; and Hague, W.H. Relationships between locus of control and MMPI scales among alcoholics: A replication and extension. Journal of Clinical Psychology, 30:312-314, 1974.
- Rotter, J.B. Generalized expectancies for internal versus external control of reinforcement. Psychological Monographs, 80(1, whole no. 609), 1966.
- Rotter, J.B. Some problems and misconceptions related to the construct of internal versus external control of reinforcement. Journal of Consulting and Clinical Psychology, 43:56-67, 1975.
- Wallston, K.A., and Wallston, B.S. Development of the Multidimensional Health Locus of Control (MHLC) scales. Health Education Monographs, 6(2):160-170, 1978.

Availability Source: Microfiche Publications, 214-13 Jamaica Avenue, Queens Village, New York 11420. Request NAPS Document No. 02504, ASIS/NAPS, by Oziel and Obitz.

## INSTRUCTIONS FOR THE DRIE SCALE

These are questions to find out the way in which certain important events in our society affect different people. Each item consists of a pair of alternatives lettered a or b. Please select the one statement of each pair (and only one) which you more strongly believe to be the case as far as you are concerned. Be sure to select the one you actually believe to be more true rather than the one you would like to be true. This is a measure of personal belief: obviously there are no right or wrong answers.

Please answer these items carefully but do not spend too much time on any one item. Be sure to find an answer for every choice. Find the number of the item and circle either letter a or b, whichever one you choose to be the one more true.

In some instances you may discover that you believe both statements or neither one. In such cases, be sure to select the one you more strongly believe to be the case as far as you're concerned. Also try to respond to each item independently when making your choice; do not be influenced by your previous choices. Please begin.

## DRINKING RELATED I-E SCALE

1. a. One of the major reasons why people drink is because they cannot handle their problems.  
b. People drink because circumstances force them to.
2. a. The idea that men or women are driven to drink by their spouses is nonsense.  
b. Most people do not realize that drinking problems are influenced by accidental happenings.
3. a. I feel so helpless in some situations that I need a drink.  
b. Abstinence is just a matter of deciding that I no longer want to drink.
4. a. I have the strength to withstand pressures at work.  
b. Trouble at work or home drives me to drink.
5. a. Without the right breaks one cannot stay sober.  
b. Alcoholics who are not successful in curbing their drinking often have not taken advantage of help that is available.
6. a. There is no such thing as an irresistible temptation to drink.  
b. Many times there are circumstances that force you to drink.
7. a. I get so upset over small arguments, that they cause me to drink.  
b. I can usually handle arguments without taking a drink.
8. a. Successfully licking alcoholism is a matter of hard work, luck has little to do with it.  
b. Staying sober depends mainly on things going right for you.
9. a. When I see a bottle, I cannot resist taking a drink.  
b. It is no more difficult for me to resist drinking when I am near a bottle than when I am not.
10. a. The average person has an influence on whether he drinks or not.  
b. Oftentimes, other people drive one to drink.
11. a. When I am at a party where others are drinking, I can avoid taking a drink.  
b. It is impossible for me to resist drinking if I am at a party where others are drinking.
12. a. Those who are successful in quitting drinking are the ones who are just plain lucky.  
b. Quitting drinking depends upon lots of effort and hard work (luck has little or nothing to do with it.)
13. a. I feel powerless to prevent myself from drinking when I am anxious or unhappy.  
b. If I really wanted to, I could stop drinking.



14. a. It is easy for me to have a good time when I am sober.  
b. I cannot feel good unless I am drinking.
15. a. As far as drinking is concerned, most of us are victims of forces we can neither understand or control.  
b. By taking an active part in our treatment programs, we can control our drinking.
16. a. I have control over my drinking behavior.  
b. I feel completely helpless when it comes to resisting a drink.
17. a. If people want to badly enough, they can change their drinking behavior.  
b. It is impossible for some people to ever stop drinking.
18. a. With enough effort we can lick our drinking.  
b. It is difficult for alcoholics to have much control over their drinking.
19. a. If someone offers me a drink, I cannot refuse him.  
b. I have the strength to refuse a drink.
20. a. Sometimes I cannot understand how people can control their drinking.  
b. There is a direct connection between how hard people try and how successful they are in stopping their drinking.
21. a. I can overcome my urge to drink.  
b. Once I start to drink I can't stop.
22. a. Drink isn't necessary in order to solve my problems.  
b. I just cannot handle my problems unless I take a drink first.
23. a. Most of the time I can't understand why I continue drinking.  
b. In the long run, I am responsible for my drinking problems.
24. a. If I make up my mind, I can stop drinking.  
b. I have no will power when it comes to drinking.
25. a. Drinking is my favorite form of entertainment.  
b. It wouldn't bother me if I could never have another drink.

External Options  
are underlined

- 1. a b
- 2. a b
- 3. a b
- 4. a b
- 5. a b
- 6. a b
- 7. a b
- 8. a b
- 9. a b
- 10. a b
- 11. a b
- 12. a b
- 13. a b
- 14. a b
- 15. a b
- 16. a b
- 17. a b
- 18. a b
- 19. a b
- 20. a b
- 21. a b
- 22. a b

- 23. a b
- 24. a b
- 25. a b

The DRIE is scored in the External direction by summing the number of external response options endorsed.

Total Score

Sum of external items endorsed across the entire scale.

Factor 1      Intrapersonal Factor

Sum of external endorsements on items #9, 11, 13, 14, 16, 17, + 25.

Factor 2 - Interpersonal Factor

Sum of external endorsements on items #3, 4, 6, 7, 10, 22, +23

Factor 3 - General Control Factor

Sum of external endorsements on items # 5, 8, + 20.

## MacANDREW ALCOHOLISM SCALE

- Author: Craig MacAndrew
- Assessment Areas Covered: Diagnosis, prognosis, personality factors, MMPI
- Administration: Self-administered (30 to 90 minutes), at screening and followup
- Design Features: 49 true/false items, can be hand scored in 2 to 3 minutes
- Abstract: This widely used scale is constructed of items from the Minnesota Multiphasic Personality Inventory (MMPI). It was developed by MacAndrew as the outcome of his studies of the responses of 300 male alcoholic outpatients and 300 nonalcoholic male psychiatric outpatients from the same urban treatment clinic.
- The MacAndrew Scale is used as a diagnostic tool to determine the presence and severity of alcoholism. A high score is indicative of alcoholism and a low score of nonexcessive drinking. A cutoff score of 24 is generally used as the threshold level, indicating the presence of an alcohol problem.
- Related Published Reports:
- MacAndrew, C. The differentiation of male alcoholic outpatients from non-alcoholic psychiatric outpatients by means of the MMPI. Quarterly Journal of Studies on Alcohol, 26(2):238-246, 1965.
- MacAndrew, C., and Geertsma, R.H. A critique of alcoholism scales derived from the MMPI. Quarterly Journal of Studies on Alcohol, 25:68-76, 1964.
- MacAndrew, C. Evidence for the presence of two fundamentally different, age-independent characterological types within unselected runs of male alcohol and drug abusers. American Journal of Drug and Alcohol Abuse, 6:207-221, 1979.
- Miller, W.R. Alcoholism scales and objective assessment methods; a review. Psychological Bulletin, 83:649-674, 1976.
- Apfeldorf, M. Alcoholism scales of the MMPI; contributions and future directions. International Journal of the Addictions, 13:17-53, 1978.
- Rosenberg, N. MMPI alcoholism scales. Journal of Clinical Psychology, 28:515-522, 1972.
- Rohan, W.P.; Tatro, R.L.; and Rotman, S.R. MMPI changes in alcoholics during hospitalization. Quarterly Journal of Studies on Alcohol, 30:389-400, 1969.
- Apfeldorf, M., and Hundley, P.J. The MacAndrew Scale; a measure of the diagnosis of alcoholism. Journal of Studies on Alcohol, 42(1):80-86, 1981.
- Apfeldorf, M., and Hunley, P.J. Application of MMPI alcoholism scales to older alcoholics and problem drinkers. Journal of Studies on Alcohol, 36:645-653, 1975.
- Availability Source: The Scale is contained in C. MacAndrew's The differentiation of male alcoholic outpatients from nonalcoholic psychiatric outpatients by means of the MMPI. Quarterly Journal of Studies on Alcohol, 26(2):238-246, 1965.

MacANDREW ALCOHOLISM SCALE

Item	Alcoholic Response
1. I have had periods in which I carried on activities without knowing later what I had been doing.	T
2. I have never been in trouble with the law.	F
3. I have not lived the right kind of life.	T
4. I like to cook.	T
5. I sweat very easily even on cool days.	T
6. My parents have often objected to the kind of people I went around with.	T
7. I played hooky from school quite often as a youngster.	T
8. I would like to wear expensive clothes.	T
9. As a youngster I was suspended from school one or more times for cutting up.	T
10. While in trains, buses, etc., I often talk to strangers.	T
11. I pray several times every week.	T
12. I deserve severe punishment for my sins.	T
13. I have had blank spells in which my activities were interrupted and I did not know what was going on around me.	T
14. I have a cough most of the time.	T
15. I do not like to see women smoke.	F
16. My table manners are not quite as good at home as when I am out in company.	F
17. I have few or no pains.	T
18. I do many things which I regret afterwards (I regret things more or more often than others seem to).	T
19. I like to read newspaper articles on crime.	T
20. I am worried about sex matters.	F
21. My soul sometimes leaves my body.	T
22. Christ performed miracles such as changing water into wine.	T
23. I know who is responsible for most of my troubles.	T
24. The sight of blood neither frightens me nor makes me sick.	T
25. I cannot keep my mind on one thing.	F
26. In school I was sometimes sent to the principal for cutting up.	T

Item	Alcoholic Response
27. The one to whom I was most attached and whom I most admired as a child was a woman. (Mother, sister, aunt, or other woman.)	T
28. I have more trouble concentrating than others seem to have.	F
29. I am a good mixer.	T
30. I enjoy a race or game better when I bet on it.	T
31. I enjoy gambling for small stakes.	T
32. I frequently notice my hand shakes when I try to do something.	T
33. Everything is turning out just like the prophets of the Bible said it would.	T
34. If I were in trouble with several friends who were equally to blame, I would rather take the whole blame than to give them away.	T
35. I was fond of excitement when I was young (or in childhood).	T
36. I have at times had to be rough with people who were rude or annoying.	T
37. If I were a reporter I would very much like to report sporting news.	T
38. I am certainly lacking in self-confidence.	F
39. I have frequently worked under people who seem to have things arranged so that they get credit for good work but are able to pass off mistakes onto those under them.	T
40. I readily become one hundred per cent sold on a good idea.	T
41. I think I would like the kind of work a forest ranger does.	T
42. Evil spirits possess me at times.	T
43. Many of my dreams are about sex matters.	F
44. I liked school.	F
45. I have been quite independent and free from family rule.	T
46. I have often felt that strangers were looking at me critically.	F
47. I used to keep a diary.	F
48. I seem to make friends about as quickly as others do.	T
49. I have never vomited blood or coughed up blood.	F

## FAMILY TREE QUESTIONNAIRE FOR ASSESSING FAMILY HISTORY OF DRINKING PROBLEMS

- Authors:** Robert E. Mann, Linda C. Sobell, Mark B. Sobell, and D. Pavan
- Assessment Areas Covered:** Family drinking history, diagnosis, prognosis
- Administration:** Interviewer-administered, can be adapted for self-administration (1 to 10 minutes to complete), at screening and intake
- Design Features:** Uses graphic portrayal of family genealogical tree from subject's grandparents to subject's children. A letter code is placed in the circle representing the family member, indicating that person's drinking behavior. The chart is accompanied by a card that contains 10 types of consequences of having a drinking problem. Subjects are asked to list the consequences experienced by family members identified as having a drinking problem. There is also an in-depth questionnaire consisting of 18 completion and yes/no questions about problem-drinking relatives.
- Abstract:** The family tree questionnaire was developed as a fast, easily administered method for obtaining measures of drinking problems in first- and second-degree relatives. The information is used to assess whether the subject's family history should be classified as positive or negative for "drinking problems." The questionnaire was designed to allow flexibilities in the criteria used to classify relatives as problem drinkers or alcoholics. Thus, liberal criteria for classification can be used (i.e., patients' judgments about whether or not a relative has a drinking problem) or more conservative criteria can be employed (i.e., requiring the presence of one or more consequences of problem drinking), depending upon the clinician's or researcher's needs. A recent study describes the use of the questionnaire with alcohol abusers and nonproblem drinkers, and its test-retest reliability over a 2-week interval (Mann et al., in press). The questionnaire has also been adapted to a self-administered format for use with young social drinkers.
- The authors described the assessment procedures for using the Family Tree Questionnaire as follows (Mann et al., in press): "Data were collected using a family tree diagram which included first-degree (siblings, parents) and second-degree (grandparents, aunts, uncles) relatives (relatives identified as adopted or adoptive, from second marriages, or who were half- or step-siblings were excluded). Subjects coded each relative on the diagram as either (a) an abstainer--never drank; (b) a nonproblem drinker--drank but never experienced problems from drinking; or (c) a problem drinker--experienced drinking problems at some point in life. After completing the tree diagram, subjects were given a card with nine drinking-related consequences . . . and were asked to list all applicable drinking-related consequences for each relative coded as a problem drinker. Each relative identified by subjects as being a problem drinker was further evaluated by the investigators for evidence of a drinking problem. . . . For a relative to be classified as alcoholic, the subject must have indicated that the relative experienced consequences in a minimum of two of the following areas: (a) Interpersonal (marital problems and/or social disapproval by friends or relatives of the person's drinking); (b) Vocational; (c) Legal (alcohol-related arrests); (d) Physical (withdrawal symptoms, cirrhosis and/or frequent blackouts); and (e) Treatment for Drinking (inpatient, outpatient, AA)." The authors propose that previous studies have adequately indicated the validity of self-reports of drinking problems in family

members; the high levels of test-retest reliability found in their research tend to further confirm this.

Related Published Reports: Mann, R.E.; Sobell, L.C.; Sobell, M.B.; and Pavan, D. Reliability of a family tree questionnaire for assessing family history of alcohol problems. Drug and Alcohol Dependence, in press.

Availability Source: Robert E. Mann, Ph.D., Addiction Research Foundation, 33 Russell Street, Toronto, Ontario, Canada M5S 2S1. There is no fee for use.

S No: \_\_\_\_\_

'T1'/T2

FAMILY HISTORY DRINKING QUESTIONNAIRE

Date: \_\_\_\_\_

(self-administered)

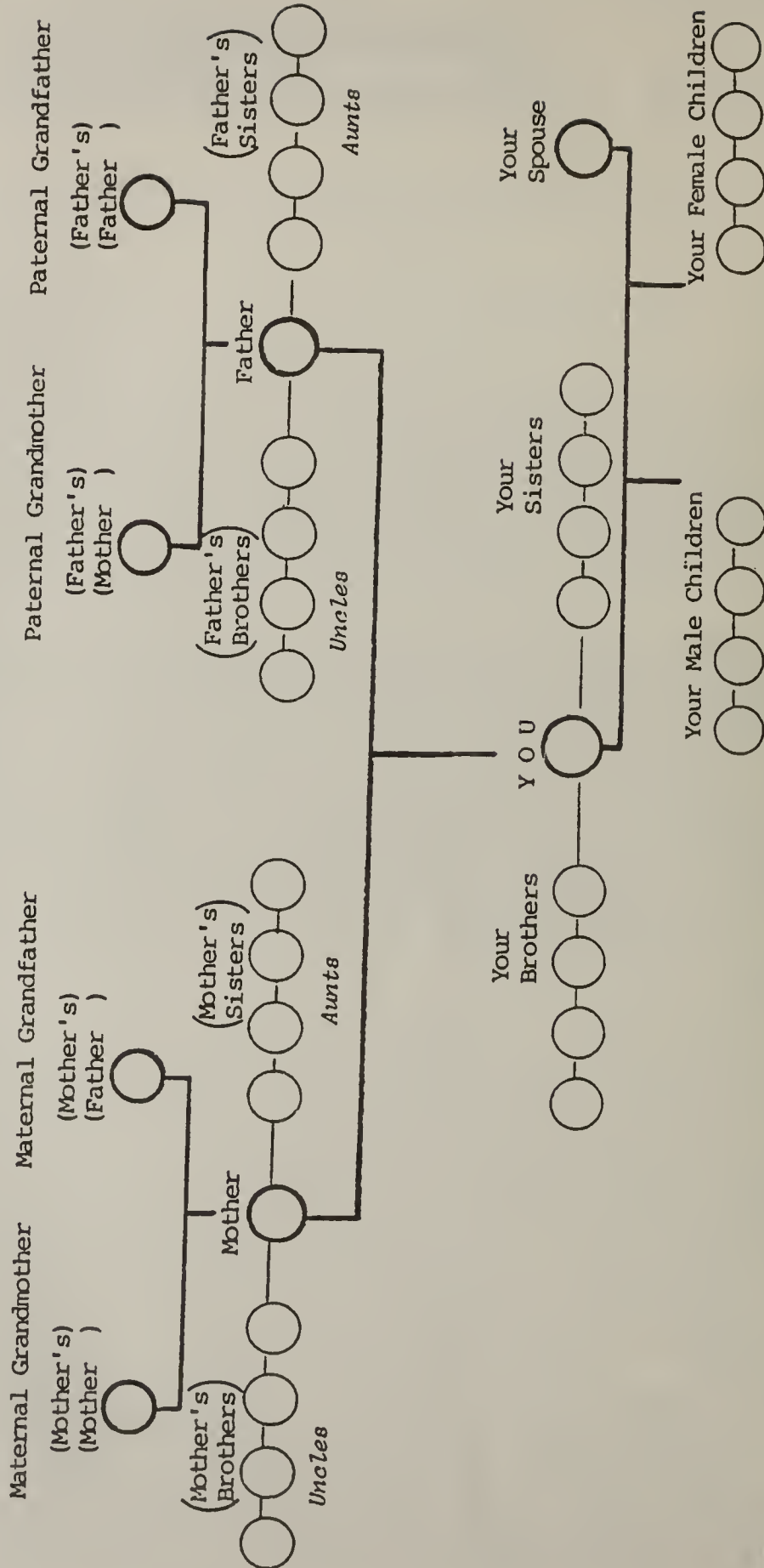
INSTRUCTIONS: Please categorize all of the following relatives according to whether you judge them to be:

ABSTAINER, has not ever drank alcohol---Code each relative by the letter 'A' =  A

DRINKS, NEVER KNOWN TO HAVE HAD A PROBLEM with alcohol or alcohol abuse---Code as 'NP' =  NP

KNOWN TO HAVE HAD A DRINKING or alcohol abuse PROBLEM---Code as 'PD' =  PD

When you have NO RELATIVES FOR A GIVEN CIRCLE PUT AN 'X' THOROUGH IT =  X





## Follow-up to Questionnaire

Did the S NEED MORE SPACE (circles) for any category of relatives (e.g., uncles)? If so pencil the information in on the self-administered questionnaire now.

Now tell each subject that for each biological relative identified as having a drinking problem, we would like to obtain the some information about their drinking history (go to Actual Sheets).

- (A) Relationship to them
- (B) Now alive: Yes/No
- (C) No. of years drinking was or has been a problem
- (D) As best they can, obtain a description of the relative's actual drinking behavior, i.e., amount (& greatest amount consumed) and frequency (daily, weekends).
- (E) Give the card with types of consequences listed and ask the subject to indicate--Yes/No--for each consequence whether the relative has experienced it as a result of his/her drinking. NOTE: If the S does not know that will have to simply be coded as NO.
  - a. Marital problems from drinking or divorce or separation.
  - b. Job problems related to drinking or job loss or layoff.
  - c. Alcohol-related arrests (e.g., drunk driving, public drunkenness)
  - d. Major alcohol withdrawals (i.e., seizures, hallucinations and/or DTs).
  - e. Cirrhosis (needle biopsy must have been performed).
  - f. Formal inpatient or outpatient treatment for alcohol abuse.
  - g. Attended Alcoholics Anonymous (AA) meetings.
  - h. Frequent blackouts (total memory loss, while drinking; not greyouts)
  - i. Social disapproval by friends or parents of the relative's drinking.
  - j. Daily drinker for at least one year and had 6 or more drinks 2 to 3 times a month but experienced no other problems related to drinking.
  - k. Drinking 6 or more drinks at least once a week for more than one year but experiencing no other problems related to drinking.

INDEPTH FAMILY DRINKING ASSESSMENT FOR  
RELATIVES IDENTIFIED BY THE FAMILY TREE

Circle: T1 T2

S No.: \_\_\_\_\_

- A. Relationship to S: \_\_\_\_\_
- B. No. years drinking has been/was a problem? \_\_\_\_\_
- C. Now living: Yes No                      Blood Relative (circle): Yes No
- D. Description of actual problem drinking:
- i. Greatest amount consumed in one 24-hour period? \_\_\_\_\_
- ii. Quantity and Frequency: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- E. Consequences (list all the consequences by letter that the S identifies for this relative):
- \_\_\_\_\_

- A. Relationship to S: \_\_\_\_\_
- B. No. years drinking has been/was a problem? \_\_\_\_\_
- C. Now living: Yes No                      Blood Relative (circle): Yes No
- D. Description of actual problem drinking:
- i. Greatest amount consumed in one 24-hour period? \_\_\_\_\_
- ii. Quantity and Frequency: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- E. Consequences (list all the consequences by letter that the S identifies for this relative):
- \_\_\_\_\_

- A. Relationship to S: \_\_\_\_\_
- B. No. years drinking has been/was a problem? \_\_\_\_\_
- C. Now living: Yes No                      Blood Relative (circle): Yes No
- D. Description of actual problem drinking:
- i. Greatest amount consumed in one 24-hour period? \_\_\_\_\_
- ii. Quantity and Frequency: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- E. Consequences (list all the consequences by letter that the S identifies for this relative):

## COMPREHENSIVE DRINKER PROFILE

- Authors:** G. Alan Marlatt and William R. Miller
- Assessment Areas Covered:** Alcohol consumption, drug use, employment demographics, decision to drink/not drink, life events, alcohol dependence syndrome, severity of, family drinking history, emotional status, behavioral aspects of drinking
- Administration:** Structured interview format (normally requires 1 to 2 hours for completion); at screening, intake, and followup
- Design Features:** 88 questions, mostly of the completion type, provided in a booklet
- Abstract:** The Comprehensive Drinker Profile (CDP) is a structured intake interview procedure. Useful in a wide variety of treatment settings, the CDP provides an intensive and comprehensive history and status of the individual client with regard to his or her use and abuse of alcohol. Content of the interview emphasizes information that is relevant to the selection, planning, and implementation of treatment. The CDP is also an appropriate data base for clinics and research programs desiring comparable pretreatment and followup evaluations.
- The CDP covers a broad range of relevant information, including basic demographics, family and employment status, history of problem development, current drinking pattern and problem status, severity of dependence, social aspects of alcohol use, associated behaviors, relevant medical history, motivations for drinking and for treatment, and other life problem areas. It incorporates the widely used Michigan Alcoholism Screening Test as part of the interview, providing a survey of current drinking problems as well as a summary score of problem severity. The CDP also yields quantitative indexes of other dimensions including problem duration, family history of alcoholism, alcohol consumption, alcohol dependence, range of drinking situations, quantity/frequency of other drug use, range of beverages used, emotional factors related to drinking, and life problems other than drinking.
- Related Published Reports:** Marlatt, G.A. The drinking profile: A questionnaire for the behavioral assessment of alcoholism. In: Mash, E.J., and Terdal, L.G., eds. Behavior-Therapy Assessment. New York: Springer, 1976.
- Availability Source:** Psychological Assessment Resources, Inc., P.O. Box 98, Odessa, Florida 33556
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**Comprehensive Drinker Profile for:**

Full name of client:

\_\_\_\_\_

(First)

(Middle)

(Last)

Prefers to be called: \_\_\_\_\_ \*Sex: (1) \_\_\_\_\_ F (2) \_\_\_\_\_ M

**A. Demographic Information**

**Age and Residence**

\*A1. Date of birth: \_\_\_\_\_ \*Present age: \_\_\_\_\_

Month

Day

Year

A2. Present local address: Street address or box no. \_\_\_\_\_

City or town \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_

A3. Local telephone: Area code \_\_\_\_\_ Number \_\_\_\_\_

Best times to reach at this number: \_\_\_\_\_

A4. Name and address of a person through whom you can be located if we lose contact with you (must be different from A2.):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street address or box no. \_\_\_\_\_

City or town \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone: Area code \_\_\_\_\_ Number \_\_\_\_\_

A5. How did you first hear about this program? \_\_\_\_\_

If referred, by whom? \_\_\_\_\_

Name

Agency

**Family Status**

\*A6. Client's current living situation:

- (1) \_\_\_\_\_ living alone
- (2) \_\_\_\_\_ living with spouse or partner
- (3) \_\_\_\_\_ living with roommate(s)
- (4) \_\_\_\_\_ living with children only
- (5) \_\_\_\_\_ living with parents

\*A7. Client's current marital status:

- (1) \_\_\_\_\_ single, never been married
- (2) \_\_\_\_\_ married, living with spouse
- (3) \_\_\_\_\_ married, separated
- (4) \_\_\_\_\_ widowed
- (5) \_\_\_\_\_ divorced

\*A8. Number of times client has been married (including present): \_\_\_\_\_

OK to call?

\_\_\_\_\_ A9. Name of spouse, partner, or roommate: \_\_\_\_\_

\*A10. Children:                      Name                                              Age                      Sex                      Living with client?

OK to call?

Name	Age	Sex	Living with client?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*Number of children: \_\_\_\_\_

A11. Other individuals living with client:

OK to call?

Name                                              Age                      Sex                      Relationship

Name	Age	Sex	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Employment and Income Information**

A12. Major occupation or skill (whether or not presently employed):

\_\_\_\_\_ Spouse's occupation: \_\_\_\_\_

\*A13. Currently employed or self-employed (not including school):

- (1) \_\_\_\_\_ full time      (3) \_\_\_\_\_ retired      (5) \_\_\_\_\_ homemaker  
(2) \_\_\_\_\_ part time      (4) \_\_\_\_\_ unemployed

A14. Title of present or most recent job (major job if more than one):

\_\_\_\_\_

If unemployed, how long? \_\_\_\_\_

OK to  
call at  
work?

\_\_\_\_\_ A15. Name of employer or firm: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone:    Area code \_\_\_\_\_ Number \_\_\_\_\_

If OK, best time to reach client at work: \_\_\_\_\_

\*A16. Length of time in present or most recent job: \_\_\_\_\_ \*years

if less than 1 year, code as 1 year and indicate time: \_\_\_\_\_

\*A17. How many different jobs have you held in the past year? \_\_\_\_\_ \*

in the past five years? \_\_\_\_\_ \*

\*A18. How many years of active military duty have you served? \_\_\_\_\_

\*A19. Family income:

Source: \_\_\_\_\_ Annual \$ \_\_\_\_\_

Source: \_\_\_\_\_ Annual \$ \_\_\_\_\_

Source: \_\_\_\_\_ Annual \$ \_\_\_\_\_

Total Annual Family Income in Dollars \$ \_\_\_\_\_ \*

\*A20. SES code: \_\_\_\_\_ (Socioeconomic status code)

**Educational History**

A21. Describe client's educational background: \_\_\_\_\_  
 \_\_\_\_\_ Degree? \_\_\_\_\_ Major? \_\_\_\_\_

\*A22. Code highest year of education completed: \_\_\_\_\_

A23. Are you currently pursuing education or training?

(1) \_\_\_\_\_ full time    (2) \_\_\_\_\_ part time    (3) \_\_\_\_\_ no classes now

**B. Drinking History**

**Development of the Drinking Problem**

\*B24. About how old were you when you first took one or more drinks? \_\_\_\_\_

\*B25. About how old were you when you first became intoxicated? \_\_\_\_\_\*

Do you remember what you were drinking? Beverage: \_\_\_\_\_

\*B26. How would you describe the drinking habits of:

- |                         |                                           |
|-------------------------|-------------------------------------------|
| _____ * your mother?    | 0 = client does not know                  |
| _____ * your father?    | 1 = nondrinker (abstainer)                |
| _____ * spouse/partner? | 2 = occasional or light social drinker    |
|                         | 3 = moderate or average social drinker    |
|                         | 4 = frequent or heavy social drinker      |
|                         | 5 = problem drinker (at any time in life) |
|                         | 6 = alcoholic (at any time in life)       |

\*B27. Do you have any blood relatives whom you regard as being or having been a problem drinker or an alcoholic?

	Number Males	Number Females
Parents?	_____ × 3 = _____	_____ × 3 = _____
Brothers or Sisters?	_____ × 3 = _____	_____ × 3 = _____
Grandparents?	_____ × 2 = _____	_____ × 2 = _____
Uncles or Aunts?	_____ × 2 = _____	_____ × 2 = _____
First Cousins?	_____ × 1 = _____	_____ × 1 = _____

TOTAL SCORES                      Males: \_\_\_\_\_\*                      Females: \_\_\_\_\_\*

\*Were you raised by your biological parents? \_\_\_\_\_ (1)YES    \_\_\_\_\_ (2)NO

If not, who raised you? \_\_\_\_\_

\*B28. At what age (how long ago) did drinking begin to have an effect on your life which you did not approve of - when did drinking first begin to be a problem for you?

\_\_\_\_\_ Age at first problem      \_\_\_\_\_ Denies that drinking is a problem

\_\_\_\_\_ \* Years of problem duration (Age minus age at first problem)

At that particular time in your life when drinking first became a problem, were there any special circumstances or events that occurred which you feel were at least partly responsible for it becoming a problem?

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\*B29. Did you arrive at your present level of drinking:

(1) \_\_\_\_\_ gradually over a long period of time? how long: \_\_\_\_\_

or (2) \_\_\_\_\_ by a more rapid increase (over several months or less)?

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### Present Drinking Pattern

\*B30. Drinking Pattern (Check one)

Determine which of the following categories best describes the client's current drinking pattern:

\_\_\_\_ (P) \_\_\_\_\_ PERIODIC DRINKER  
Drinks less often than once a week  
Is abstinent between drinking episodes  
\_\_\_\_\_ *Complete Episodic Pattern Chart*

\_\_\_\_ (S) \_\_\_\_\_ STEADY DRINKER  
Drinks at least once per week  
Drinks about the same amount every week without periodic episodes of heavier drinking. (A heavy episode is defined as one or more days in which pattern fluctuates from the steady pattern by 5 or more SECs.)  
\_\_\_\_\_ *Complete Steady Pattern Chart*

\_\_\_\_ (C) \_\_\_\_\_ COMBINATION PATTERN DRINKER  
Drinks at least once per week with a regular weekly pattern, but also has heavier episodes as defined above  
\_\_\_\_\_ *Complete both Steady and Episodic Charts*



**\*B31. Steady Pattern Chart**

If the client drinks at least once per week complete the Steady Pattern Chart, then complete Q/F data summary. (If client does not drink at least once per week, proceed to B33.)

For each time period enter the type of beverage, % alcohol, amount consumed, and approximate time span during which it is consumed.

	Morning	Afternoon	Evening	Total for Day
Monday				_____
				Total SECs Monday
Tuesday				_____
				Total SECs Tuesday
Wednesday				_____
				Total SECs Wednesday
Thursday				_____
				Total SECs Thursday
Friday				_____
				Total SECs Friday
Saturday				_____
				Total SECs Saturday
Sunday				_____
				Total SECs Sunday

FORMULA FOR CALCULATING SECs: # oz. × % alcohol × 2 = SECs

- \*A. TOTAL SECs per week ..... \_\_\_\_\_  
(transfer this total to item B32.)
- \*B. TOTAL drinking (nonabstinent) days reported ..... \_\_\_\_\_
- \*C. AVERAGE SECs per drinking day (A ÷ B) ..... \_\_\_\_\_
- \*D. ESTIMATED Peak BAC for week ..... \_\_\_\_\_ mg%

**\*B32. Quantity/Frequency Summary Data (Steady Drinking Pattern Only)**

Total SECs per week from table: \_\_\_\_\_ SECs per week

*Multiply by 13 weeks × 13 =*

Total SECs in past 3 months: \_\_\_\_\_ SECs\* (From Steady Pattern Only)

**\*B33. Episodic Pattern Chart (Periodic and Combination Patterns Only)**  
(For Steady Drinkers, skip to B38.)

**\*B34. Quantity/Frequency of Episodic Drinking**

Type and Amount of Beverages Consumed:   *Total SECs: _____ per episode  *Hours: _____      *Peak BAC: _____ mg%	*Number of episodes in past 3 months:  × _____ episodes per 3 mo.
Type and Amount of Beverages Consumed:   *Total SECs: _____ per episode  *Hours: _____      *Peak BAC: _____ mg%	*Number of episodes in past 3 months:  × _____ episodes per 3 mo.
Type and Amount of Beverages Consumed:   *Total SECs: _____ per episode  *Hours: _____      *Peak BAC: _____ mg%	*Number of episodes in past 3 months:  × _____ episodes per 3 mo.

Multiply Quantity (SECs per episode by Frequency (episodes per 3 months) for each episode type:

= \_\_\_\_\_ SECs/3 months†

= \_\_\_\_\_ SECs/3 months†

= \_\_\_\_\_ SECs/3 months†

\_\_\_\_\_ Total SECs/3 mo.\*  
from all episodic drinking

† For COMBINATION PATTERN DRINKERS, subtract from this total the number of SECs already accounted for in the Steady Pattern Chart (B31), and record here only SECs in excess of the steady drinking pattern. No drink should be counted both at B31 and at B33. For PERIODIC DRINKERS, however, record all drinks here (since for these drinkers there is no Steady Pattern and B31 is left blank).

B35. How would you describe the circumstances which mark the beginning of one of these heavy drinking episodes? That is, what factors determine when you begin heavy drinking?

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B36. How would you describe the circumstances which mark the end of one of these heavy drinking episodes? That is, what factors determine when you finally stop drinking?

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\*B37. Total Q/F. Add starred (\*) lines from B32 and B34 above:

Calculate for all drinkers: \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ \* Q/F SECs past 3 mo.

**Pattern History (All Drinkers)**

\*B38. What is the largest amount of alcohol that you have ever drunk in one day?

Beverage	Amount
_____	_____
_____	_____ over _____ hours

TOTAL SECs: \_\_\_\_\_ \* Estimated Peak BAC: \_\_\_\_\_ \* mg%

\*B39. What is the longest period of continuous drinking that you have had? (Include hours of sleep if client began drinking again the next morning.)

Total hours: \_\_\_\_\_ hours

\*B40. Since drinking first became a problem for you, what is the longest period of time that you have gone without taking a drink?

\_\_\_\_\_ days (convert to days)

B41. When was the last time that you went for 2 or 3 days without drinking any alcohol? (Ask whether client was taking tranquilizers or other withdrawal-inhibiting medication during this time.)

How long ago? \_\_\_\_\_ Medication? \_\_\_\_\_

B42. During this time, what was the main reason or reasons for stopping?

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B43. After that period of no drinking, what were the circumstances when you started drinking again?

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B44. Are there any particular days of the week on which you are more likely to drink (or to drink more) than on other days? If YES, list days and explain if there are any particular circumstances or factors which contribute to drinking (more) on these days.

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**Alcohol-Related Life Problems**

\*B45. Now I'm going to ask you some more questions to help me understand your drinking pattern. Please answer them as honestly and as accurately as you can.

ITEM	RESPONSE	SCORE
1. Do you feel you are a normal drinker?	_____(N)	_____(2)
2. Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of the evening before?	_____(Y)	_____(2)    _____(1)
3. Does any member of your family (wife, husband, parents, etc.) ever worry or complain about your drinking?	_____(Y)	_____(1)
4. Can you stop drinking without a struggle after one or two drinks?	_____(N)	_____(2)    _____(2)
5. Do you ever feel bad about your drinking?	_____(Y)	_____(1)
6. Do friends or relatives think you are a normal drinker?	_____(N)	_____(2)
7. Are you always able to stop drinking when you want to?	_____(N)	_____(2)    _____(1)
8. Have you ever attended a meeting of Alcoholics Anonymous (AA)? (If YES, about how many? _____)	_____(Y)	_____(5)
9. Have you gotten into fights when drinking?	_____(Y)	_____(1)
10. Has drinking ever created problems with you and your spouse (husband/wife)?	_____(Y)	_____(2)
11. Has your spouse (or other family member) ever gone to anyone for help about your drinking?	_____(Y)	_____(2)
12. Have you ever lost friends or lovers because of your drinking?	_____(Y)	_____(2)
13. Have you ever gotten into trouble at work because of drinking?	_____(Y)	_____(2)
14. Have you ever lost a job because of drinking?	_____(Y)	_____(2)
15. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?	_____(Y)	_____(2)
16. Do you ever drink before noon?	_____(Y)	_____(1)    _____(1)
17. Have you ever been told you have liver trouble?	_____(Y)	_____(2)
18. Have you ever had severe shaking after heavy drinking?	_____(Y)	_____(3)
19. Have you ever heard voices or seen things that weren't there after heavy drinking?	_____(Y)	$\frac{\text{_____(2)}}{(18 \text{ or } 19)}$ _____(4)
20. Have you ever gone to anyone for help about your drinking?	_____(Y)	_____(5)
21. Have you ever been in a hospital because of drinking?	_____(Y)	_____(5)
TOTAL points, this page (total both columns)		$\frac{\text{A-1}}{\text{B-1}}$

22. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital? \_\_\_\_\_
- If YES, was drinking part of the problem? \_\_\_\_\_(Y) \_\_\_\_\_(2)
- DESCRIBE: \_\_\_\_\_
- \_\_\_\_\_
23. Have you ever been seen at a psychiatric or mental health clinic, or gone to a doctor, social worker, or clergy for help with an emotional problem? \_\_\_\_\_
- If YES, did drinking play a part in the problem? \_\_\_\_\_(Y) \_\_\_\_\_(2)
- DESCRIBE: \_\_\_\_\_
- \_\_\_\_\_
24. Have you ever been arrested, even for a few hours, because of drunk behavior? (other than driving) \_\_\_\_\_(Y) \_\_\_\_\_(2)
- DESCRIBE: \_\_\_\_\_
- \_\_\_\_\_
25. Have you ever been arrested for drunk driving or driving after drinking? \_\_\_\_\_(Y) \_\_\_\_\_(2)
- DESCRIBE: \_\_\_\_\_
- \_\_\_\_\_
26. Have you ever had a hangover? \_\_\_\_\_(Y) \_\_\_\_\_(1)
27. Have you ever had vague feelings of fear, anxiety, or nervousness after drinking? \_\_\_\_\_(Y) \_\_\_\_\_(1)
28. Have you ever felt a craving or strong need for a drink? \_\_\_\_\_(Y) \_\_\_\_\_(1)
29. Are you able to drink more now than you used to without feeling the same effect? \_\_\_\_\_(Y) \_\_\_\_\_(1)
30. Has drinking or stopping drinking ever resulted in your having a seizure or convulsion? \_\_\_\_\_(Y) \_\_\_\_\_(4)
31. Do you ever skip meals when you are drinking? \_\_\_\_\_(Y) \_\_\_\_\_(1)
- TOTAL points, this page (total both columns) \_\_\_\_\_
- A-2      B-2

**TOTAL PROBLEM SCORES**

\*Total Column A for both pages  $\frac{\text{A-1}}{\text{A-1}} + \frac{\text{A-2}}{\text{A-2}} = \text{_____} * (\text{MAST Score})^1$

\*Total Column B for both pages  $\frac{\text{B-1}}{\text{B-1}} + \frac{\text{B-2}}{\text{B-2}} = \text{_____} * (\text{Ph Score})^2$

<sup>1</sup>MAST Score is an indicator of severity and extent of life problems related to drinking. The Michigan Alcoholism Screening Test was originally designed by Selzer. (Selzer, M. L., The Michigan Alcoholism Screening Test: The quest for a new diagnostic instrument. *American Journal of Psychiatry*, 1971, 127:12; 1653-1658. Copyright, 1971, the American Psychiatric Association. Reprinted by permission.)

<sup>2</sup>Ph Score is an index of severity of physical dependence on alcohol.

**Drinking Settings**

**\*B46. Drinking Locations card sort**

(Indicate rank ordering: 1 = most frequent setting; 9 = least)

- \_\_\_\_\_ At Home (My own house, apartment or room)
- \_\_\_\_\_ At Work
- \_\_\_\_\_ In Other People's Homes
- \_\_\_\_\_ Outdoors
- \_\_\_\_\_ Private or Social Clubs
- \_\_\_\_\_ Restaurants
- \_\_\_\_\_ Social Events (such as Weddings, Parties, Dances)
- \_\_\_\_\_ Tavern or Bar
- \_\_\_\_\_ While Driving
- \_\_\_\_\_ Other places (if mentioned): \_\_\_\_\_
- \_\_\_\_\_ \*TOTAL locations indicated as drinking locations

**\*B47. Social Situations card sort**

(Indicate rank ordering: 1 = most frequent; 9 = least frequent)

- \_\_\_\_\_ I Drink Alone
- \_\_\_\_\_ I Drink with my Spouse (Husband, Wife, Companion)
- \_\_\_\_\_ I Drink with Relatives Other than my Spouse
- \_\_\_\_\_ I Drink with a Male Friend or Friends (No Females Present)
- \_\_\_\_\_ I Drink with a Female Friend or Friends (No Males Present)
- \_\_\_\_\_ I Drink with Friends of Both Sexes
- \_\_\_\_\_ I Drink with Strangers (or with People I Meet After I have Started Drinking)
- \_\_\_\_\_ I Drink with Business Associates (for Business Purposes)
- \_\_\_\_\_ Other companions (if mentioned): \_\_\_\_\_
- \_\_\_\_\_ \*TOTAL situations indicated as drinking situations

**Associated Behaviors** (assure confidentiality)

**\*B48. Do you smoke cigarettes? (Indicate number of cigarettes smoked per day. Enter 00 for nonsmoker.)**

\_\_\_\_\_ cigarettes per day

If client used to smoke but does not smoke now, how long has it been since the last cigarette?

---

Indicate any other use of tobacco (cigars, pipe, chewing):

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\*B49. Are you satisfied with your present weight? (If YES, enter 00. If NO, indicate the number of pounds client regards self as overweight (+) or underweight (-) using proper arithmetic sign):

\_\_\_\_\_

\*B50. Describe all medications that you currently use, including vitamins, birth control, aspirin, etc. [Ask specifically about tranquilizers, sedatives, stimulants, diet pills, pain medications – by prescription or otherwise. Indicate name of each drug, dosage, frequency, purpose, and whether taken by prescription (Rx).]

Medication	Dosage	Frequency	Purpose	Rx?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\*B51. Other Drugs card sort

	Specify	Last Use?	Past 3 mo. Frequency	How?	Dose?
_____	Amphetamine	_____	_____	_____	_____
_____	Barbiturates, etc.	_____	_____	_____	_____
_____	Cannabis	_____	_____	_____	_____
_____	Cocaine	_____	_____	_____	_____
_____	Hallucinogens	_____	_____	_____	_____
_____	Inhalants	_____	_____	_____	_____
_____	Opiates	_____	_____	_____	_____
_____	Phencyclidine	_____	_____	_____	_____
_____	Other Drugs	_____	_____	_____	_____
_____	* Total Drug Classes Used		_____	Total Past 3 mo.	

B52. What are your interests and hobbies (not associated with work), and how much time do you spend at each of them per month? (For each hobby or interest determine whether it is usually associated with or accompanied by drinking.)

Interest or Hobby	Hrs/mo	Assoc. with Drinking?
_____		
_____		
_____		
_____		

**\*B53. Eating Behavior**

In an average week (7 days), on how many days do you:

eat breakfast? \_\_\_\_\_ eat lunch? \_\_\_\_\_ eat evening meal? \_\_\_\_\_

Total regular meals/week \_\_\_\_\_\* eat additional snacks besides regular meals? \_\_\_\_\_

If you overeat sometimes, what factors are most likely to lead to your overeating? (situations, kinds of food, feelings, etc.)

\_\_\_\_\_

\_\_\_\_\_

How many caffeine drinks do you have in an average day? \_\_\_\_\_ cups coffee \_\_\_\_\_ sodas

\_\_\_\_\_ cups tea \_\_\_\_\_ other

\_\_\_\_\_ Total\*

**\*B54. Driving Behavior**

When you are driving or riding in a private automobile, on what percentage of occasions do you wear a seat belt or shoulder harness?

\_\_\_\_\_ %\*

When you are driving on open highway where the speed limit is 55 mph and there are no police around, what is the average speed at which you drive according to your speedometer?

\_\_\_\_\_ mph\*

During the past year, how often would you say that you drove shortly after having more than 3 drinks?

\_\_\_\_\_ approximate times in past year\*

**B55. Exercise Behavior**

What exercise do you get in the course of an average week?

Type of Exercise	Amount	Frequency
_____		
_____		

\_\_\_\_\_

\_\_\_\_\_



**Beverage Preferences**

**\*B56. Beverage Preferences card sort**  
 (Indicate rank order: 1 = most frequently consumed drink, etc.)

For preferences 1, 2, and 3, also note the preferred manner of drinking and preferred brand, if stated.

BEVERAGE LIST	PREFERRED MANNER OF DRINKING	BRAND
_____ Beer or Ale	_____	_____
_____ Brandy	_____	_____
_____ Gin	_____	_____
_____ Liqueurs (Cordials)	_____	_____
_____ Malt Liquor	_____	_____
_____ Pure Alc. or Nonbeverage Alc. (Specify)	_____	_____
_____ Rum	_____	_____
_____ Sparkling Wine	_____	_____
_____ Special Fortified Wine	_____	_____
_____ Tequila	_____	_____
_____ Vodka	_____	_____
_____ Whiskey (Scotch, Bourbon, etc.)	_____	_____
_____ Red, Dry Wine	_____	_____
_____ Red, Sweet Wine	_____	_____
_____ Rosé Wine	_____	_____
_____ White, Dry Wine	_____	_____
_____ White, Sweet Wine	_____	_____
_____ Other Alc. Beverage (Specify)	_____	_____
_____ *TOTAL Number of Beverages Used		

**B57. What are your three favorite nonalcohol beverages?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Relevant Medical History**

\*B58. Present weight: \_\_\_\_\_\*pounds      Present height: \_\_\_\_\_' \_\_\_\_\_" = \_\_\_\_\_\*inches

B59. Tell me any serious illness, hospitalization, or surgery you have had in the past 10 years. (Indicate illness, date, any continuing care.)

Illness	Required Hospitalization?	Required Surgery?	Date	Follow-Up Care?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B60. Have you ever had jaundice (yellowed skin, dark urine)? Swelling of the feet or ankles? Any diagnosed liver disease such as hepatitis? (If YES, Specify) (Indicate date, illness, continuing care if any.)

Illness	Date	Continuing Care?
_____	_____	_____
_____	_____	_____
_____	_____	_____

B61. Have you ever been told that you have high blood pressure? Have you ever had pain or tightness in your chest, especially with exercise? Unusual shortness of breath during exercise? A stroke or heart attack? Any other indication of heart problems? (If YES, Specify)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B62. Have you ever had any of the following: Diabetes? Pancreatitis or inflammation of the stomach? Ulcer? Thyroid problem? Weakness or numbness in the legs? (If YES, Specify)

\_\_\_\_\_

\_\_\_\_\_

B63. Have you noticed, over a period of time, that you are more affected by alcohol than you used to be - that drinking less has more of an effect on you? (If YES, Specify)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B64. Are you currently seeing a counselor, psychologist, or psychiatrist for counseling or therapy? (If YES, Specify)

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B65. (Women) Are you pregnant, or planning to become pregnant? \_\_\_\_\_

### C. Motivational Information

#### Reasons for Drinking

C66. What are the main reasons why you drink? In other words, when you are actually drinking, what for you is the most positive or desirable effect of alcohol? What do you like best about alcohol?

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C67. Are you aware of any inner thoughts or emotional feelings, or things within you as a person, which "trigger off" your need or desire to take a drink at a particular moment in time?

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C68. Are you aware of any particular situations or set of events, things which happen to you in the outside world, which would result in your feeling like having one or more drinks?

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C69. In terms of your life as a whole, what are the most positive effects or consequences of drinking?

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C70. When you are actually drinking, what for you is the most negative or undesirable effect of alcohol? In other words, what is the thing you like least about alcohol when you are drinking?

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C71. In terms of your life as a whole, what do you see as the most negative effects or consequences of your drinking?

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C72. Can you describe a situation or set of events which would be least likely to result in your feeling like drinking? In other words, when do you feel least inclined to drink?

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**Effects of Drinking**

\*C73. Card sort: Check all effects that the client reports as having experienced while drinking during the past three months.

Group A	Group B	Group C	Group D	Group E
<input type="checkbox"/> Calm	<input type="checkbox"/> Angry	<input type="checkbox"/> Afraid	<input type="checkbox"/> Friendly	<input type="checkbox"/> Inferior
<input type="checkbox"/> Happy	<input type="checkbox"/> Depressed	<input type="checkbox"/> Excited	<input type="checkbox"/> Outgoing	<input type="checkbox"/> Insecure
<input type="checkbox"/> Peaceful	<input type="checkbox"/> Frustrated	<input type="checkbox"/> Nervous	<input type="checkbox"/> Secure	<input type="checkbox"/> Unfriendly
<input type="checkbox"/> Relaxed	<input type="checkbox"/> Lonely	<input type="checkbox"/> Restless	<input type="checkbox"/> Strong	<input type="checkbox"/> Weak
<input type="checkbox"/> Unafraid	<input type="checkbox"/> Sad	<input type="checkbox"/> Tense	<input type="checkbox"/> Superior	<input type="checkbox"/> Withdrawn

\*TOTALS  A\*       B\*       C\*       D\*       E\*

Next spread out those cards identified as describing effects experienced by the client and ask client to rank order the five most frequent effects experienced while drinking. Specify below:

Rank	Effect	Comments, if any
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

\*Most representative emotion group (see decision rules): \_\_\_\_\_

C74. Suppose that we were to agree that you would not drink at all for the next two weeks. What problems do you think you might have if you did this? Would there be any special feelings or situations that might be more difficult for you to handle?

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**Other Life Problems**

\*C75. Card sort. Have client sort into YES and NO piles for current problems, then rank order. Indicate ranks for all YES cards: 1 = most important current problem.

Then for all YES cards inquire whether the problem is or is not at least partly related to drinking in the client's opinion. Check (✓) all problems indicated to be related to drinking.

Rank	✓	
_____	_____	Aggression (Fighting, Anger, Hostility)
_____	_____	Boredom
_____	_____	Conflicts with the Law (Being Arrested, Drunk Driving, Police Visits, Lawsuit, etc.)
_____	_____	Depression (or Negative Self-Concept)
_____	_____	Family Problems (Arguments with Spouse or Family Members, etc.)
_____	_____	Fatigue, Tiredness
_____	_____	Financial Problems
_____	_____	Health Problems
_____	_____	Problems with not Being Assertive (Being Taken Advantage of, Always Giving in, Can't Express What I Feel, etc.)
_____	_____	Problems with Eating and Appetite (or Weight Problems)
_____	_____	Problems with Memory or Concentration
_____	_____	Problems with Sleeping (Insomnia, Early Waking, Nightmares)
_____	_____	Problems with Social Contact (Sociability and Meeting People, Losing Friends, Loneliness)
_____	_____	Sexual Problems
_____	_____	Suicidal Thoughts
_____	_____	Tension or Anxiety
_____	_____	Work Problems
_____	_____	Other Problems

TOTAL Number of Problems YES: \_\_\_\_\_\*

TOTAL Number of Problems Alcohol-Related: \_\_\_\_\_\*

Finally inquire further about the top three problems (Rank 1, 2, and 3) and describe below in greater detail.

Problem 1: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Problem 2: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Problem 3: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Motivation for Treatment

C76. On your own and without any outside help, what steps if any have you taken to try to stop or control your drinking? How well did these work?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C77. What outside help, professional or otherwise, have you sought for your drinking problem (including A.A.)? What helped and what didn't?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*C78. Has anyone ever advised you to stop drinking completely? If so, who?

(1) \_\_\_\_\_ Yes      (2) \_\_\_\_\_ No      If YES: \_\_\_\_\_

\*C79. Has anyone ever advised you to cut down on your drinking? If so, who?

(1) \_\_\_\_\_ Yes      (2) \_\_\_\_\_ No      If YES: \_\_\_\_\_

C80. What are the main reasons for your seeking help for drinking at this particular time? Why now? In other words, what particular circumstances led you to come to this program now?

\_\_\_\_\_

\_\_\_\_\_

C81. What do you see as the most ideal outcome of treatment for you here? What would you like to happen?

\_\_\_\_\_

\_\_\_\_\_

\*C82. Which of these six statements best describes your own goal in this program? (Mark the one chosen. If more than one is chosen, prioritize.)

- (1) \_\_\_\_ I think that total abstinence is the only answer for me, and I want to stop drinking completely.
- (2) \_\_\_\_ I think that total abstinence may be necessary for me, but I am not sure. If I knew that controlled drinking were impossible for me, then I would want to stop drinking completely.
- (3) \_\_\_\_ I think that total abstinence is not necessary for me, but I would like to reduce my drinking to a "light social" nonproblem level.
- (4) \_\_\_\_ I think that total abstinence is not necessary for me, but I would like to reduce my drinking to a "moderate social" nonproblem level.
- (5) \_\_\_\_ I think that total abstinence is not necessary for me, but I would like to reduce my drinking to a "heavy social" nonproblem level.
- (6) \_\_\_\_ I think that total abstinence is not necessary for me, and I see no need to reduce my drinking.

\*C83. If you were to achieve your ideal goal in this program, what would your drinking be like? About how much would you be drinking in an average week? (Record specific beverage types and amounts; convert to SECs.)

Beverage	Amount
_____	_____
_____	_____
_____	_____
TOTAL SECs: _____*	

\*C84. In your honest and realistic opinion, what do you estimate your chances are – from 0 to 100% – of achieving this goal?  
\_\_\_\_\_%

C85. How would it affect you if you did not achieve your ideal outcome of treatment here? In other words, what is most likely to happen if you do not meet your goals in this program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C86. How would you define "alcoholism"?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*C87. Some people say that alcoholism is a disease or sickness, while others say that it is not a disease, but rather is more like a bad habit that a person has learned. Do you see it more as a disease or as a bad habit? (If person says "both" have him or her indicate which they would agree with more.)

(1) \_\_\_\_\_ Disease      (2) \_\_\_\_\_ Bad Habit

#### Drinker Type Ratings

\*C88. Now I am going to give you a list of six different types of drinkers and I would like you to tell me which one, in your opinion, best describes you at the present time. (Obtain rating)

(If applicable): Now I'd like you to tell me the one that you think your husband/wife would choose as best describing you. (Obtain rating)

Which one do you think your closest friend would choose as best describing you? (Obtain rating)

Which one do you think most people who know you would choose as best describing you? (Obtain rating)

\*RATINGS: Self \_\_\_\_\_ \* Spouse \_\_\_\_\_ \* Friend \_\_\_\_\_ \* Most People \_\_\_\_\_ \*

1 = Total Abstainer

4 = Heavy Social (Nonproblem) Drinker

2 = Light Social (Nonproblem) Drinker

5 = Problem Drinker

3 = Moderate Social (Nonproblem) Drinker

6 = Alcoholic

\*Compare self-rating with rating for "most people." Is self-rating:

(1) \_\_\_\_\_ higher than "most"      (2) \_\_\_\_\_ equal to "most"      (3) \_\_\_\_\_ lower than "most" ?

END OF INTERVIEW

**Additional Comments:**



## OUTCOME IN ALCOHOLICS FOLLOW-UP INTERVIEW

- Author:** Helen S. Maurer
- Assessment Areas Covered:** Alcohol consumption, drinking pattern during past year, occupational adjustment, employment, social relationships, treatment history, attitudes
- Administration:** Interview administered by M.S.W. to subject and knowledgeable other (about 60 to 90 minutes), at followup
- Design Features:** 185 items, multiple-choice
- Abstract:** This structured interview was constructed by H.S. Maurer and administered by her in a 4-year study of outcome in alcoholics following hospitalization (NIAAA Grant AA-00456, A.A. Sugerman, principal investigator). It enabled a large amount of information to be collected in a reasonable time. Subjects were categorized by drinking status and adjustment rating.
- Related Published Reports:** Pettinati, H.M.; Sugerman, A.A.; DiDonato, N.; and Maurer, H.S. The natural history of alcoholism over four years after treatment. Journal of Studies on Alcohol, 43(3):201-215, 1982.<sup>1</sup>
- Pettinati, H.M.; Sugerman, A.A.; and Maurer, H.S. Four years MMPI changes in abstinent and drinking alcoholics. Alcoholism: Clinical and Experimental Research, 6:487-494, 1982.<sup>1</sup>
- Availability Source:** A.A. Sugerman, Carrier Foundation, Belle Mead, New Jersey 08502. There is no fee for use.

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<sup>1</sup>Refer to volume 1 in this series, Summaries of Alcoholism Treatment Assessment Research, for a further discussion of this article.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DRINKING PATTERN DURING PAST YEAR

- \_\_\_\_\_ 200. During the past year Patient has been abstinent for:  
(1) 1 to 3 months  
(2) 3 to 6 months  
(3) 6 to 11 months  
(4) One year  
(5) Never  
(6) DK
- Y N DK 201. Has patient had slips during the past year?  
\_\_\_\_\_ 202. If so, how many  
(1) 1 to 3  
(2) 3 to 6  
(3) More  
(4) Never dry  
(5) DK
- Y N DK 16. Patient is drinking but is understood to have no drinking problems.
- Y N DK 17. Patient has a drinking problem but does not have trouble relative to drinking within or outside family.  
If this is so, he has been drinking --  
Daily
- Y N DK 18. Daily
- Y N DK 19. Has had at least 1 binge (more than 24 hours duration)
- Y N DK 20. Has had at least 1 episode of intoxication (less than 24 hours duration)
- Y N DK 21. "Sneaked" drinks
- Y N DK 22. Drinks for sedation of nervousness or bodily discomfort.
- Y N DK 23. No record
- Y N DK 24. Patient has a drinking problem and has trouble related to his drinking problem within or outside his family.  
If this is so, has he been drinking --  
Daily
- Y N DK 25. Daily
- Y N DK 26. Has had at least 1 binge (more than 24 hours duration)
- Y N DK 27. Has had at least one episode of intoxication (less than 24 hours duration)
- Y N DK 28. "Sneaked" drinks
- Y N DK 29. Drinks for sedation of nervousness or bodily discomfort
- Y N DK 30. No record  
If this is so, does he have problems --  
Within his family
- Y N DK 31. Within his family
- Y N DK 32. Outside his family
- Y N DK 33. If this is so, has he lost a job because of his drinking?

\*Structured interview used in Pettinati, H.M., Sugarman, A.A., DiDonato, N, & Maurer, H.S., The natural history of alcoholism over four years after treatment, Journal of Studies on Alcohol, 1982,, 43, 201-215.

REASONS FOR DRINKING DURING PAST YEAR

- Y N DK 34. No need to stop (considers his drinking under control or does not regard self as alcoholic)
- Y N DK 35. Relief of psychological symptoms
- Y N DK 36. Relief of physical symptoms
- Y N DK 37. "Can't stop"
- Y N DK 38. Poor `envioromental set-up
- Y N DK 39. Says he "doesn't know why" he is drinking
- Y N DK 40. Other
- Y N DK 41. Not drinking

IF PATIENT STILL USING ALCOHOL, DOES HE DRINK

- Y N DK 42. By himself
- Y N DK 43. With casual acquaintances
- Y N DK 44. With close or intimate friends
- Y N DK 45. With his family
- Y N DK 46. Not determinable -- not clear

A. A.

- Y N DK 203. Does Patient have an AA sponsor?
- Y N DK 204. Does Patient attend AA meetings?
- \_\_\_\_\_ 205. If so, for how many months during past year did Patient attend AA?
  - (1) 1 to 3 months
  - (2) 3 to 6 months
  - (3) More
- \_\_\_\_\_ 206. If so, does Patient attend
  - (1) Only Open Speakers Meetings
  - (2) Speakers Meetings and discussion and Step Meetings
- \_\_\_\_\_ 51. How Many meetings does Patient attend each week?
  - (1) 1 to 2
  - (2) 2 to 3
  - (3) 3 to 4
  - (4) 4 to 5
  - (5) More
  - (6) None
- Y N DK 52. Does Patient's involvement with A. A. include more than attendance at meetings?
- Y N DK 53. Has he acted as Sponsor of new members?
- Y N DK 54. Has he spoken at Meetings other than local one he normally attends?
- Y N DK 55. Has Patient's spouse or any family member attended Al-Anon Meetings?
- Y N DK 56. Have Patient's children attended Ala-Teen Meetings?

Which Meeting or Meetings did Patient find helpful?

Which Meeting or Meetings did Patient find not helpful?

OCCUPATIONAL ADJUSTMENT

- Y N DK 57. Did Patient get a full time job?  
Y N DK 58. Did Patient return to former job?  
Y N DK 59. Did Patient secure a new job?  
Y N DK 60. If so, was it a more rewarding job?  
Y N DK 62. If so, was it a less rewarding job?  
Y N DK 63. Has Patient retired?  
Y N DK 64. Has Patient been fired from a job?  
Y N DK 65. Has Patient had more than one job?  
\_\_\_\_\_ 66. If so, has Patient had --  
                  (1) 2 jobs  
                  (2) 3 jobs  
                  (3) 4 or more jobs  
                  (4) DK
- \_\_\_\_\_ 67. What was the extent of the Patient's financial achievement?  
                  (1) Earned enough for self or for family support  
                  (2) Earnings had to be supplemented by spouse's earnings, family or by public welfare  
                  (3) Patient completely dependent on spouse, family or public welfare

If a Housewife

- Y N DK 68. Did Patient handle child rearing functions adequately?  
Y N DK 69. Did Patient handle homemaking activities effectively?  
Y N DK 70. Was Patient satisfied with her life and role as homemaker?

If a Student

- Y N DK 71. Is Patient a full time student?  
Y N DK 72. Is Patient a part time student?  
Y N DK 73. Are his achievements adequate or above?  
Y N DK 74. Is he satisfied with his schoolwork and activities?

SOCIAL RELATIONSHIPS

Family Type

- Y N DK 75. Parental or lineal  
Y N DK 76. Conjugal or conjugal lineal  
Y N DK 77. Alone  
Y N DK 78. Extended

Relationship with Spouse

- Y N DK 79. Does not apply (Patient not married or married and not living with spouse)  
Y N DK 80. Adapt well to each other's needs; generally supportive of one another  
Y N DK 81. Adapt moderately well to each other's needs; with some periods of distance and lack of support of one another.  
Y N DK 82. Adapt poorly to each other; nonsupportive of each other most of the time, apparently staying together chiefly to maintain home for children, for financial or other reasons  
Y N DK 83. Other

Relationship of Patient with Those with Whom He Lives

- Y N DK 84. Does not apply (patient lives alone or only Patient and spouse in household)  
Y N DK 85. Very compatible; patient gets along well with others, is included in group plans, activities and decisions  
Y N DK 86. Moderately compatible; Patient gets along well with some; often included in family plans, activities and decisions.  
Y N DK 87. Non-participating; Patient tolerated and is tolerated by others, but rarely seeks out or is sought out by others.

- Y N DK 88. Moderately incompatible; Patient does not get along well with a number of others -- "armed truce" or arguments not uncommon; generally excluded from family activities
- Y N DK 89. Very incompatible; patient is actively disliked by others; fights and arguments may occur; rejected almost entirely from family activities

Relationship of Patient with Others Outside the Home (E. G., Friends, Neighbors, Co-Workers, Employers and Tradesmen)

- Y N DK 90. Very compatible; patient gets along well with others
- Y N DK 91. Moderately compatible; Patient gets along well with some, generally well-liked by most
- Y N DK 92. Non-Participating; Patient tolerates and is tolerated by others, but rarely seeks out or is sought out by others.
- Y N DK 93. Moderately incompatible; Patient does not get along well with a number of others -- "armed truce" or arguments not uncommon
- Y N DK 94. Very incompatible; Patient is actively disliked by others; fights and arguments may occur
- Y N DK 95. Unable to evaluate

Changes in Personal Relations

- Y N DK 96. Has Patient married?
- Y N DK 97. Has Patient been separated?
- Y N DK 98. Has Patient been divorced?
- Y N DK 99. Have Patient and spouse been reunited?
- Y N DK 100. Has Patient been jilted?
- Y N DK 101. Has there been increased pressure or conflict in a relationship?
- Y N DK 102. Has there been a change in Patient's relation to parents?
- Y N DK 103. Has there been a change in relations between Patient and peers (friends and sibs)?

## SUBSEQUENT TREATMENT OR HELP

### MDs or Clinics

- Y N DK 104. Has Patient had contact with medical doctors or clinics?  
F R DK 105. If so, have contacts been frequent, rare or DK?  
Y N DK 106. If so, did Patient receive Pre-natal Care?  
Y N DK 107. If so, did Patient receive medical care for physical illness or undergo an operation?  
Y N DK 108. If so, did Patient receive medication for nerves?  
Y N DK 110. Is Patient now taking medication for nerves?

### Psychiatrist or OPC

- Y N DK 111. Has Patient visited a psychiatrist or OPC?  
F R DK 112. If so, have contacts been rare, frequent or DK?  
Y N DK 114. If so, were visits initiated by Patient?  
Y N DK 115. If so, were visits initiated by Patient's physician?  
Y N DK 116. If so, were visits initiated by a social agency?  
Y N DK 117. If so, were visits initiated by Patient's family?  
Y N DK 118. Is Patient at present under psychiatric care?

### A. A.

- Y N DK 119. Has Patient attended A. A. Meetings?  
F R DK 120. If so, has attendance been rare, frequent or DK?

### Social Agency

- Y N DK 121. Has Patient had contact with a social agency (welfare, counselling agency, courts, jail, etc.)?  
F R DK 122. If so, have the contacts been rare, frequent or DK?  
Y N DK 124. If so, were visits arranged by Patient?  
Y N DK 125. If so, were visits arranged by Patient's family?  
Y N DK 126. Has Patient received financial assistance?  
Y N DK 127. Has Patient received counselling services?

### Hospital

- Y N DK 128. Has Patient been in a hospital?  
Y N DK 129. Was Patient in hospital for delivery of baby?  
Y N DK 130. Was Patient in hospital for physical illness?  
Y N DK 131. Was Patient in hospital for mental illness?  
Y N DK 132. Was Patient in Hospital for Alcoholism?  
Y N DK 133. Was Patient in hospital for an operation?  
Y N DK 134. If so, since return from hospital has Patient become better.  
Y N DK 135. Is Patient at present in hospital for mental illness?  
Y N DK 136. Is Patient at present in hospital for Alcoholism?

POST HOSPITALIZATION INFORMATION REGARDING PATIENT

- Y N DK 137. When angry, does Patient deny it (with family members)?
- Y N DK 138. When angry, does Patient deny it (with others)?
- Y N DK 139. When angry, does Patient throw, break, pound, or kick things?
- Y N DK 140. When angry, does Patient take it out on others (members of family)?
- Y N DK 141. When angry, does Patient take it out on others (outside his family)?
- Y N DK 142. Does Patient blame others for his mistakes?
- F R N DK 143. When criticized, does he comply?
- F R N DK 144. When criticized, does Patient argue about it?
- F R N DK 145. When criticized, does Patient rebel (do the thing all the more)?
- Y N DK 146. Does Patient complain a lot?
- F R N DK 147. Does he become angry frequently, rarely, not at all or DK?
- F R N DK 148. Does he become quarrelsome frequently, rarely, not at all or DK?

DEPENDENCE

- F R N DK 149. Does he tend to want his own way?
- F R N DK 150. Does he let others impose on him or take advantage of him?
- F R N DK 151. Does he undersell his abilities?
- F R N DK 152. Does he criticize himself without reason?
- F R N DK 153. Does he deny failures or shortcomings?
- F R N DK 154. Does he tend to be easily discouraged?
- F R N DK 155. Is he a worrier?
- F R N DK 156. Does he feel sorry for himself?
- Y N DK 157. Does he feel that he isn't appreciated?
- Y N DK 158. Does he feel that nobody understands him?
- Y N DK 159. Does he ask advice about making everyday decisions?
- Y N DK 160. If so, does he follow advice given?
- Y N DK 161. Does he lack confidence in ordinary tasks?
- Y N DK 162. Is he able to accept responsibility?
- Y N DK 163. Does Patient prefer positions in which he is responsible for decision making?
- Y N DK 164. Does he procrastinate?
- Y N DK 165. Is he a perfectionist?
- Y N DK 166. Does he always worry about what others think of him?
- Y N DK 167. Is he unusually cautious?



## EXPRESSIVENESS

- Y N DK 168. Does he keep his feelings to himself?  
Y N DK 169. Does he usually deny it when he feels physically sick?  
Y N DK 170. Does he usually deny it when he is upset about something?

## RIGIDITY

- Y N DK 171. Does he get upset if his routine is altered?  
Y N DK 172. Is he rigidly orderly?  
Y N DK 173. Is he thrifty?  
Y N DK 174. Does he have bad judgment in his purchases?

## MISCELLANEOUS

- Y N DK 175. Does he take pride in his appearance?  
Y N DK 176. Does he feel that the development of his talents or personality has been suppressed or frustrated?  
Y N DK 177. Does his mood fluctuate?  
Y N DK 178. Does he have a lot of minor accidents?  
Y N DK 179. Does he suffer from wakefulness?  
Y N DK 180. Does he often complain of not feeling well physically?  
F R N DK 181. Does he feel he is a burden on others?  
Y N DK 182. Is he a particularly sympathetic, understanding person?  
Y N DK 183. Does he seem generally happy?  
Y N DK 184. Does he prefer to be by himself?  
F R N DK 185. Does he go out socially?  
Y N DK 186. Does he dislike to meet new people?  
Y N DK 187. Does he like to be with a lot of people rather than a few?  
Y N DK 188. Does he make and keep close friends?  
Y N DK 189. Does he tend to have acquaintances rather than close friends?  
Y N DK 190. Do people generally like him?  
Y N DK 191. Does he have a sense of humor?  
Y N DK 192. Has he started new hobbies or avocations?  
\_\_\_\_\_ 193. How well does Patient function in his major or expected occupational role?  
(1) Very well  
(2) Moderately well  
(3) Not so well  
(4) Moderately poorly  
(5) Very poorly or not at all

POSSIBLE TRAUMATIC EVENTS

- Y N DK 194. Has someone close to Patient died within the past year?
- Y N DK 195. Has someone close to Patient recently had a serious illness or impairment?
- Y N DK 196. Has Patient suffered from financial reverses, losses or debts?
- Y N DK 197. Have Patient's work load or responsibilities increased?
- Y N DK 198. Has he failed to gain a recognition (e. g. , job)?
- Y N DK 207. Has a family member suffered from Mental Illness?
- Y N DK 208. Has a family member had a problem with Alcoholism?
- Y N DK 199. Has he made a suicide attempt (within past year)?

**PROJECT FOR ALCOHOLIC COUPLES TREATMENT  
BASELINE INTERVIEW**

- Author: Barbara S. McCrady
- Assessment Areas Covered: Demographics, religion, social history, residence, legal, physical health, treatment history, adverse consequences, baseline
- Administration: Interview (40 minutes), no handwriting, at intake
- Design Features: 51 interview questions, free response and forced choice
- Abstract: Baseline information about social, occupational, legal, and medical functioning are obtained from this interview, as well as information on the adverse effects of alcohol use in each of these areas. The questionnaire was adapted from baseline interviews developed by Sobell and Sobell, and modified by Longabaugh and his colleagues. Development of the Baseline Interview was supported by NIAAA Grant AA03984, "Marital, Spouse and Self-Control Therapy of Alcoholics."
- Related Published Reports: McCrady, B.S., and Noel, N.E. "Assessing the Optimal Mode of Spouse Involvement in Outpatient Behavioral Alcoholism Treatment." Presented at the Annual Meeting of the Association for Advancement of Behavior Therapy, Los Angeles, California, November 1982.
- Sobell, L.C.; Sobell, M.B.; and Ward, E., eds. Evaluating Alcohol and Drug Abuse Effectiveness. New York: Pergamon Press, 1979.
- Longabaugh, R.; McCrady, B.; Fink, E.; Stout, R.; McAuley, T.; Doyle, C.; and McNeill, D. Cost effectiveness of alcoholism treatment in partial vs. inpatient setting: Six-month outcomes. Journal of Studies on Alcohol, 44:1049-1071, 1983.
- Availability Source: Barbara S. McCrady, Ph.D., Center of Alcohol Studies, Rutgers-The State University of New Jersey, Busch Campus, Piscataway, New Jersey 08854

Client Number: \_\_\_\_\_

Time Interview started: \_\_\_\_\_

Client Name: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Date: \_\_\_\_\_

BASELINE INTERVIEW

01) (Show Card) What is your ethnic background?

- |                      |                                 |
|----------------------|---------------------------------|
| _____ (1) Black      | _____ (6) Oriental              |
| _____ (2) Irish      | _____ (7) Other European        |
| _____ (3) Italian    | _____ (8) Latin American        |
| _____ (4) Portuguese | _____ (9) Other (specify) _____ |
| _____ (5) Spanish    |                                 |

02) (Show Card) What is your religion?

- |                       |
|-----------------------|
| _____ (1) Catholic    |
| _____ (2) Jewish      |
| _____ (3) Protestant  |
| _____ (4) None        |
| _____ (5) Other _____ |

SOCIAL LIFE AND RESIDENTIAL HISTORY

03) How many years have you currently been married? \_\_\_\_\_

04) Have you ever been separated from your current spouse as a direct or indirect result of your drinking? \_\_\_\_\_

05) How many total times have you been married? \_\_\_\_\_  
(Note to interviewer: If only once delete following question. Go to Question 07.)

06) How many total times have you been separated or divorced as a direct or indirect result of your drinking? \_\_\_\_\_

07) (Show Card) Have any of the following people ever complained about your drinking?

- |                     |                       |
|---------------------|-----------------------|
| _____ (0) No one    | _____ (4) Boss        |
| _____ (1) Spouse    | _____ (5) Children    |
| _____ (2) Parents   | _____ (6) Friends     |
| _____ (3) Relatives | _____ (7) Other _____ |

08) (Show Card) For the last 12 months where and with whom did you live and how many weeks did you stay there? (Note to interviewer: Combined living situations must add up to 52 weeks - 12 months.)

<u>No. of weeks Resided</u> (if none, write 0)	<u>Type of Living Situation</u>
_____	Alone, permanent housing (apt., home, trailer)
_____	Alone, non-permanent housing (boarding house, hotel)
_____	Permanent housing, with parents
_____	Permanent housing, with spouse/children
_____	Permanent housing, with spouse/children/other relatives
_____	Permanent housing, with other relatives
_____	Permanent housing, with friends
_____	Non-permanent housing, with others
_____	Residential care facility (Salvation Army, Halfway House, etc.)
_____	In jail/prison
_____	In hospital
_____	No residence
_____	Other (describe) _____
_____	Total Weeks (Add variables _____ through _____)

09) (Show Card) In the last 12 months how often did you engage in the following social - recreational activities? For ease of recording your answers please indicate your answer as either Never, One Time, Sometimes (Less Than Once A Month) or Frequently (More Than Once A Month). (Note to interviewer: Ask Subject to give an answer for each category.)

(1) Never (2) One Time (3) Sometimes (Less Than Once A Month) (4) Frequently (More Than Once A Month)

- \_\_\_\_\_ Adult Education
- \_\_\_\_\_ Bars
- \_\_\_\_\_ Church Activities
- \_\_\_\_\_ Community Activities (i.e., Masons, Legion, League of Women Voters, N.O.W., etc.)
- \_\_\_\_\_ Dinner parties/social engagements
- \_\_\_\_\_ Recreational Activities (i.e., cards, dancing, pool, picnics)
- \_\_\_\_\_ Sports
- \_\_\_\_\_ Volunteer work
- \_\_\_\_\_ Other (describe) \_\_\_\_\_

10) What is the highest grade (or degree) you completed in school? \_\_\_\_\_

11) What type of work are you trained to do? \_\_\_\_\_

12) (Show Card) At the present time what is your current employment status?

- \_\_\_\_\_ (1) Full time job (Go to Questions 13 and 14)
- \_\_\_\_\_ (2) Part time job (Go to Questions 13 and 14)
- \_\_\_\_\_ (3) Self-employed (Go to Questions 13 and 14)
- \_\_\_\_\_ (4) Works at odd jobs (Go to Questions 13 and 14)
- \_\_\_\_\_ (5) Unemployed (Go to Questions 15 through 18)
- \_\_\_\_\_ (6) Disabled (Go to Questions 15 through 18)
- \_\_\_\_\_ (7) Full time student (Go to Question 20)
- \_\_\_\_\_ (8) Housewife (Go to Question 19)
- \_\_\_\_\_ (9) Retired (Go to Question 20)
- \_\_\_\_\_ (10) Other (describe) \_\_\_\_\_

\_\_\_\_\_  
(Go to Question 20)

If employed:

13) What is your current job title or position? \_\_\_\_\_

14) How many months have you been employed there? \_\_\_\_\_

If not employed:

15) How many months since your last permanent job (exclude temporary jobs)? \_\_\_\_\_

16) What was your job title or position while employed at this job? \_\_\_\_\_

17) Did you lose this job because of drinking? (1) No \_\_\_\_\_ (2) Yes \_\_\_\_\_  
(If no, specify reason for leaving and interviewer make decision if it was an indirect cause of drinking. Yes \_\_\_\_\_ No \_\_\_\_\_)

18) In the past 12 months, how many weeks were you employed full time? \_\_\_\_\_

If housewife:

19) How many times in the past 12 months has someone (spouse, relatives, neighbors) suggested that you have neglected your household or family duties due to drinking? \_\_\_\_\_

(Note to interviewer: Ask the remaining questions of all subjects)

20) How many full time jobs (including present job) did you have in the last 12 months? \_\_\_\_\_

21) How many different part time jobs (including present job) did you have in the last 12 months? \_\_\_\_\_

22) How many days were you employed in the last year? \_\_\_\_\_

- 23) How many times in the last 12 months were you fired or laid off a job as a result of drinking? \_\_\_\_\_
- 24) In the last 12 months how many jobs did you quit or leave as a result of your drinking? \_\_\_\_\_
- 25) As accurately as possible, how many days of work have you missed in the last 12 months? \_\_\_\_\_
- 26) How many of these missed work days were as a result of drinking? \_\_\_\_\_
- 27) What is the longest time (in years) that you have held the same job? \_\_\_\_\_
- 28) (Show Card) During the past 12 months what was your major source of income?

- \_\_\_\_\_ (0) None
- \_\_\_\_\_ (1) Earned from employment
- \_\_\_\_\_ (2) Money from family, relatives or friends
- \_\_\_\_\_ (3) Unemployment compensation
- \_\_\_\_\_ (4) VA Benefits
- \_\_\_\_\_ (5) Social Security and/or retirement benefits
- \_\_\_\_\_ (6) Welfare (specify type of aid) \_\_\_\_\_
- \_\_\_\_\_ (7) Disability (specify) \_\_\_\_\_
- \_\_\_\_\_ (8) Spouse's income
- \_\_\_\_\_ (9) Other (specify) \_\_\_\_\_

- 29) (Show Card) What was your total income in the last 12 months? (Note to interviewer: Tell subject only include his/her income not his/her spouse's.)

- |                             |                               |
|-----------------------------|-------------------------------|
| _____ (1) \$3000 or less    | _____ (4) \$10,001 - \$15,000 |
| _____ (2) \$3000 - \$5000   | _____ (5) \$15,001 - \$20,000 |
| _____ (3) \$5001 - \$10,000 | _____ (6) More than \$20,000  |

- 30) (Show Card) What has been your highest annual income ever? (Note to interviewer: Tell subject only to include his/her income not his/her spouse's.)

- |                             |                               |
|-----------------------------|-------------------------------|
| _____ (1) \$3000 or less    | _____ (4) \$10,001 - \$15,000 |
| _____ (2) \$3000 - \$5000   | _____ (5) \$15,001 - \$20,000 |
| _____ (3) \$5001 - \$10,000 | _____ (6) More than \$20,000  |

- 31) (Show Card) When did you earn your highest income?

- |                                 |                          |
|---------------------------------|--------------------------|
| _____ (1) More than 5 years ago | _____ (3) 2-3 years ago  |
| _____ (2) 4-5 years ago         | _____ (4) This last year |

- 32) (Show Card) What has been your total annual income in the last 12 months? (Note to interviewer: Tell subject this figure is to include spouse's income.)

- |                             |                               |
|-----------------------------|-------------------------------|
| _____ (1) \$3000 or less    | _____ (4) \$10,001 - \$15,000 |
| _____ (2) \$3000 - \$5000   | _____ (5) \$15,001 - \$20,000 |
| _____ (3) \$5001 - \$10,000 | _____ (6) More than \$20,000  |

- 33) How many total times in your life have you ever been arrested? \_\_\_\_\_  
 (Note to interviewer: If none, skip rest of section. Go to Question 41.)
- 34) Have you ever been in prison? (1) No \_\_\_\_\_ (2) Yes \_\_\_\_\_ If yes,  
 where, when and circumstances surrounding this incarceration (probe for  
 indications of violent behavior.) \_\_\_\_\_
- 35) How many of the total numbers of arrests were for being drunk in public? \_\_\_\_\_
- 36) How many of the total number of arrests were for drunk driving? \_\_\_\_\_  
 (If none, go to Question 38.)
- 37) How many times has your driver's license been suspended or revoked as a  
 result of drunk driving arrests? \_\_\_\_\_
- 38) In the last 12 months (from \_\_\_\_\_ to \_\_\_\_\_) how many times have  
 you been arrested? \_\_\_\_\_ List arrests and the types of charges  
 per arrest.

Arrest type (describe charge(s))	Date arrested	Date Released	Where name of jail and county	If arrests drinking- related, B.A.C. level if known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Interviewer Summary):

Number of drunk driving charges \_\_\_\_\_  
 Number of drunk in public, disorderly conduct charges \_\_\_\_\_  
 Number of other charges \_\_\_\_\_

- 39) Have you been on probation or parole in the last 12 months?

- \_\_\_\_\_ (1) No  
 \_\_\_\_\_ (2) Yes, for alcohol-related offenses  
 \_\_\_\_\_ (3) Yes, for non-alcohol-related offenses

- 40) Are you currently on any kind of probation or parole?

- \_\_\_\_\_ (1) No  
 \_\_\_\_\_ (2) Yes, formal probation  
 \_\_\_\_\_ (3) Yes, Summary probation (no reporting)

If yes, to whom? (List agency and P.D.) \_\_\_\_\_



41) (Show Card) Which, if any, members of your family have or had a drinking problem?

- |                     |                          |                            |
|---------------------|--------------------------|----------------------------|
| _____ (0) No one    | _____ (4) Brother(s)     | _____ (8) Spouse           |
| _____ (1) Father    | _____ (5) Uncle/Aunt(s)  | _____ (9) Other (describe) |
| _____ (2) Mother    | _____ (6) Grandparent(s) | _____                      |
| _____ (3) Sister(s) | _____ (7) Child(ren)     | _____                      |

MEDICAL/PHYSICAL HISTORY

42) (Show Card) Which of the following medical or physical problems have you been treated for in the last 12 months?

- |                                       |                                                                         |
|---------------------------------------|-------------------------------------------------------------------------|
| _____ (0) None                        | _____ (9) Hypertension                                                  |
| _____ (1) Diabetes                    | _____ (10) High blood pressure                                          |
| _____ (2) Epilepsy                    | _____ (11) Stomach problems                                             |
| _____ (3) Head injury                 | _____ (12) Respiratory problems                                         |
| _____ (4) Memory problems             | _____ (13) Cirrhosis                                                    |
| _____ (5) Ulcer                       | _____ (14) Hepatitis                                                    |
| _____ (6) Heart problems              | _____ (15) Visual problems (this does not include needing eye glasses.) |
| _____ (7) Kidney problems             | _____ (16) Other (describe) _____                                       |
| _____ (8) Liver problems, fatty liver |                                                                         |

43) (Show Card) Which of the following medical or physical problems are you currently being treated for?

- |                                       |                                                                         |
|---------------------------------------|-------------------------------------------------------------------------|
| _____ (0) None                        | _____ (9) Hypertension                                                  |
| _____ (1) Diabetes                    | _____ (10) High blood pressure                                          |
| _____ (2) Epilepsy                    | _____ (11) Stomach problems                                             |
| _____ (3) Head injury                 | _____ (12) Respiratory problems                                         |
| _____ (4) Memory problems             | _____ (13) Cirrhosis                                                    |
| _____ (5) Ulcer                       | _____ (14) Hepatitis                                                    |
| _____ (6) Heart problems              | _____ (15) Visual problems (this does not include needing eye glasses.) |
| _____ (7) Kidney problems             | _____ (16) Other (describe) _____                                       |
| _____ (8) Liver problems, fatty liver |                                                                         |

44) When was the first time you sought treatment for your drinking problem?

Date: \_\_\_\_\_

Type of Treatment: \_\_\_\_\_

45) For the last 12 months how often did you use any of the following treatment supports or programs as a result of your drinking? For ease of recording your answers, please indicate your answer as (Show Card to subject) Never, One Time, Sometimes (Less Than Once A Month), or Frequently (More Than Once A Month).

- (1) Never (2) One Time (3) Sometimes (Less Than Once A Month)  
 (4) Frequently ( More Than Once A Month)

Order    Frequency

- |       |       |                                               |
|-------|-------|-----------------------------------------------|
| _____ | _____ | Alcoholics Anonymous (AA)                     |
| _____ | _____ | Antabuse                                      |
| _____ | _____ | Outpatient Clinic program                     |
| _____ | _____ | Halfway House/Residential Programs            |
| _____ | _____ | Marriage/family counseling                    |
| _____ | _____ | Religious counseling (priest, minister, etc.) |
| _____ | _____ | Private doctor (general M.D.)                 |
| _____ | _____ | Private therapist                             |
| _____ | _____ | Vocational Rehabilitation Program             |
| _____ | _____ | Other _____                                   |

46) For the last 12 months, in what order did you use the treatment supports or programs that are listed in the previous question? (Note to interviewer: If more than one treatment support or program was used at the same time, tell subject to give them both the same number.)

- (I) First    (II) Second    (III) Third    (IV) Fourth

47) In the last 12 months (from \_\_\_\_\_ to \_\_\_\_\_) how many different times did you use a facility such as halfway house or residential program (i.e., Edgehill Newport, Emerson House, Good Hope Center, Gray Rock, Harmony House, Kent House, Minority Alcoholism Program, Salvation Army, Starlite Farm, Steppingstone, Sweet House, Talbot House, Tri-Hab House, Wilson House)?

<u>Name of Facility</u> <u>(specific name)</u>	<u>City/State</u>	<u>Date Entered</u>	<u>Date Left</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

48) Last year (from \_\_\_\_\_ to \_\_\_\_\_) how many different times were you hospitalized for alcohol-related reasons (i.e., detox, withdrawals, gastritis, etc.)?

(Note to interviewer: Ask subject specifically if he/she was hospitalized for alcohol problems in either alcohol units or in a general facility in the last 12 months.)

- Beach Hill Hospital
- Butler Hospital
- Doctor's Hospital
- Fuller Memorial Hospital
- I.M.H. (R.I. Medical Center)
- Mt. Pleasant Hospital
- Newport Hospital
- V.A. Hospital

<u>Name of Hospital</u>	<u>City/State</u>	<u>Date Hospitalized</u>	<u>Date Released</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

49) Since you have had a drinking problem, what is the longest number of days in a row you have gone without drinking any alcohol - totally abstinent (not including time spent in jail, hospital, halfway house or residential program)? \_\_\_\_\_

When was this? \_\_\_\_\_

(Note to interviewer: Be explicit in defining "abstinent" to the client.)

50) (Show Card) Last year (from \_\_\_\_\_ to \_\_\_\_\_) when you were drinking where did you usually do most of your drinking?

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
| _____ (1) Home/Apt.                 | _____ (5) Combination of (1) and (2) |
| _____ (2) Bar                       | _____ (6) On the streets             |
| _____ (3) Single Room               | _____ (7) Other (describe) _____     |
| _____ (4) Parties/Social gatherings | _____                                |

51) (Show Card) Last year (from \_\_\_\_\_ to \_\_\_\_\_) with whom did you usually drink?

- \_\_\_\_\_ (1) Always alone
- \_\_\_\_\_ (2) Always with others
- \_\_\_\_\_ (3) Sometimes alone, sometimes with others
- \_\_\_\_\_ (4) Other (describe) \_\_\_\_\_

Time Interview Ended \_\_\_\_\_

Comments of the client are considered:

- \_\_\_\_\_ (1) Largely reliable
- \_\_\_\_\_ (2) Doubtful
- \_\_\_\_\_ (3) Unreliable
- \_\_\_\_\_ (4) No possible judgment

Additional Comments:

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\_\_\_\_\_  
Signature of Intake Interviewer

\_\_\_\_\_  
Date

**PROJECT FOR ALCOHOLIC COUPLES TREATMENT  
CLIENT FOLLOW-UP INTERVIEW AND  
SPOUSE FOLLOW-UP INTERVIEW**

- Author:** Barbara S. McCrady
- Assessment Areas Covered:** Alcohol consumption, daily drinking quantity, intensity of desire to drink, decision to drink/not drink, perception of drinking problem, use of alcoholism treatment, drug use, arrests, legal, employment, residence, spouse relations
- Administration:** Telephone interview (20 minutes), designed for monthly followup contacts
- Design Features:** 27 items (client form), 23 items (spouse form); parallel forms ask same questions of client and spouse
- Abstract:** Information about drinking and occupational, legal, and marital functioning are collected by using a structured telephone interview. Questions are designed to cover a 1-month period. The interview is used monthly to collect continuous information about posttreatment adjustment. The interviews were adapted from followup interview formats first developed by Sobell and Sobell, and modified by Longabaugh and his colleagues. Development of the Client Follow-Up Interview was supported by NIAAA Grant AA03984, "Marital, Spouse and Self-Control Therapy of Alcoholics."
- Related Published Reports:** McCrady, B.S., and Noel, N.E. "Assessing the Optimal Mode of Spouse Involvement in Outpatient Behavioral Alcoholism Treatment." Presented at the Annual Meeting of the Association for Advancement of Behavior Therapy, Los Angeles, California, November 1982.
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- Longabaugh, R.; McCrady, B.; Fink, E.; Stout, R.; McAuley, T.; Doyle, C.; and McNeill, D. Cost effectiveness of alcoholism treatment in partial vs. inpatient setting: Six-month outcomes. Journal of Studies on Alcohol, 44:1049-1071, 1983.
- Availability Source:** Barbara S. McCrady, Ph.D., Center of Alcohol Studies, Rutgers-The State University of New Jersey, Busch Campus, Piscataway, New Jersey 08854

CLIENT FOLLOW-UP INTERVIEW

Interview No. \_\_\_\_\_

Client number \_\_\_\_\_

Client name \_\_\_\_\_

Interviewer \_\_\_\_\_

Spouse name \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Last telephone interview: Date \_\_\_\_\_ Time \_\_\_\_\_

No. of days since last telephone interview \_\_\_\_\_

Contact made by:

\_\_\_\_\_ Interviewer called: \_\_\_\_\_ residence \_\_\_\_\_ place of work

\_\_\_\_\_ Client called

\_\_\_\_\_ Letter

\_\_\_\_\_ At Butler Hospital

\_\_\_\_\_ Other (specify): \_\_\_\_\_

---

Note to interviewer:

- 1) Review comments on client coding sheet.
- 2) Be sure to ask the following questions before starting the interview:
  - Would you prefer to talk from another phone or call me back?
  - This interview should take \_\_\_\_\_ minutes. Is this a good time to talk?

Time Interview ended: \_\_\_\_\_

Signature of interviewer: \_\_\_\_\_

Please log comments on Client Coding Sheet.

Next follow-up call:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

New Phone #: \_\_\_\_\_

Note to interviewer:

Ask the client to have target calendar handy. Indicate to him/her the number of days since the last follow-up interview. Divide the time period into weeks beginning with Monday and ending Sunday and list dates below. Help client target boundaries for each week. Be sure to ask female clients to target their menstrual cycle.

Ask the following questions, #1-13, for Week 1, then repeat for Week 2, etc., until every week has been completed. Mark the answers for question #1 on the interviewer's calendar and answers for #2 and #3 on the client coding sheet.

1)

- a) During Week \_\_\_\_\_, what days were you abstinent?  
b) During Week \_\_\_\_\_, what days were you drinking?

(Ask the following questions for each drinking day):

i) How much beer did you drink on \_\_\_\_\_?

- \_\_\_\_\_ more than 6 oz.  
\_\_\_\_\_ between 3 and 6 oz.  
\_\_\_\_\_ between 1 and 2 oz.

ii) How much wine did you drink on \_\_\_\_\_?

- \_\_\_\_\_ more than 6 oz.  
\_\_\_\_\_ between 3 and 6 oz.  
\_\_\_\_\_ between 1 and 2 oz.

iii) How much liquor did you drink on \_\_\_\_\_?

- \_\_\_\_\_ more than 6 oz.  
\_\_\_\_\_ between 3 and 6 oz.  
\_\_\_\_\_ between 1 and 2 oz.

2) During the week from \_\_\_\_\_ to \_\_\_\_\_, how would you rate your intensity of thoughts about having a drink on a scale of 1 to 7?

- 1 = low intensity  
4 = moderate intensity  
7 = extreme intensity

3) During the week from \_\_\_\_\_ to \_\_\_\_\_, how would you rate your marital satisfaction on a scale of 1 to 7?

- 1 = extremely dissatisfied  
4 = satisfied  
7 = extremely satisfied



Note to Interviewer:

If client has reported any drinking ask following questions:

- 1) Since your last follow-up contact, at those times when you were drinking, how did you view your drinking problem? As:

no problem at all  
 a slight problem  
 a moderate problem  
 a very serious problem

- 2) Since your last follow-up contact, at those times when you were not drinking, how did you view your drinking problem? As:

no problem at all  
 a slight problem  
 a moderate problem  
 a very serious problem

- 3) Since your last follow-up contact, how would you describe your drinking?

moderate or controlled drinking  
 periodic problem drinking  
 steady problem drinking

Note to interviewer:

If client has reported no drinking, ask the following questions:

- 4) Since the last follow-up contact, how do you view your drinking problem? As:

no problem at all  
 a slight problem  
 a moderate problem  
 a very serious problem

Note to interviewer:

Ask the following question of all clients:

- 5) Since your last follow-up contact, would you say that your ability to cope with your drinking problem has improved, worsened, or stayed about the same?

improved  
 worsened  
 stayed about the same

6) Have you been treated for any alcohol-related problems since the last follow-up contact? (detox, withdrawals, gastritis, etc.)?

No  
 Yes

<u>Problem</u>	<u>Name of hospital or facility</u>	<u>City</u>	<u>Dates and # days hospitalized</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7) Have you been hospitalized since the last follow-up contact?

No  
 Yes

<u>Problem</u>	<u>Name of hospital</u>	<u>City</u>	<u>Dates and # days hospitalized</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8) Have you used any other therapeutic supports since the last follow-up contact (AA, private therapists, mental health clinic, OP hospital program, BHOP, Antabuse, etc.)?

No  
 Yes

<u>Type(s) or name of facility</u>	<u>Frequency</u>
_____	_____
_____	_____
_____	_____
_____	_____

9) Are you currently using any prescribed drugs?

No  
 Yes

If yes:

<u>Name</u>	<u>Prescribed Dosage</u>	<u>Actual Dosage</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you see your use of this drug (these drugs) as a problem?

No  
 Yes

10) Are you currently using any nonprescribed drugs?

No  
 Yes

If yes:

<u>Name</u>	<u>Dosage</u>	<u>Frequency</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note to interviewer:

Ask question #11 of females.

11) Do you use oral contraceptives?

No  
 Yes

If yes:

From \_\_\_\_\_ to \_\_\_\_\_

12) Have you been arrested for alcohol-related problems since the last follow-up contact?

No  
 Yes

If yes:

City \_\_\_\_\_

City or county Jail \_\_\_\_\_

Dates & number of days incarcerated \_\_\_\_\_

Indicate the number of times for each charge (use zero for none):

<input type="checkbox"/> Drunk in public (647F)	<input type="checkbox"/> Drunk in auto
<input type="checkbox"/> Drunk driving (502)	<input type="checkbox"/> Reckless driving
<input type="checkbox"/> Disturbing the peace	<input type="checkbox"/> Open container
<input type="checkbox"/> Other (describe) _____	

Verified: \_\_\_\_\_  
\_\_\_\_\_

13) What is your current employment status?

<input type="checkbox"/> (1) full-time	<input type="checkbox"/> (6) disabled
<input type="checkbox"/> (2) part-time	<input type="checkbox"/> (7) full-time student
<input type="checkbox"/> (3) self-employed	<input type="checkbox"/> (8) housewife
<input type="checkbox"/> (4) works at odd jobs	<input type="checkbox"/> (9) retired
<input type="checkbox"/> (5) unemployed	<input type="checkbox"/> (10) other (describe) _____

14) Have you changed jobs since your last follow-up interview?

No  
 Yes

If yes, describe the circumstances surrounding the change and what kind of work you are now doing:

New employer \_\_\_\_\_

Personnel Director \_\_\_\_\_

Phone \_\_\_\_\_ ext. \_\_\_\_\_

15) Have you lost your job since the last follow-up interview?

No  
 Yes

If yes, were you:

fired  asked to quit  
 resigned  other (describe) \_\_\_\_\_  
\_\_\_\_\_

16) Did you leave due to alcohol-related problems?

No  
 Yes

17) How many days have you missed work since the last follow-up interview? \_\_\_\_\_

18) How many of these days have been due to drinking? \_\_\_\_\_

19) Approximately what was your average monthly income in this last month? \_\_\_\_\_

20) What has been your major source of financial support since the last follow-up interview?

<input type="checkbox"/> job	<input type="checkbox"/> Welfare
<input type="checkbox"/> family, relatives or friends	<input type="checkbox"/> disability
<input type="checkbox"/> unemployment compensation	<input type="checkbox"/> spouse
<input type="checkbox"/> VA benefits	<input type="checkbox"/> other (describe): _____
<input type="checkbox"/> Social Security and/or retirement benefits	_____

21) How many full-time jobs have you had since the last follow-up interview? \_\_\_\_\_

22) How many part-time jobs have you had since the last follow-up interview? \_\_\_\_\_

23) Where have you been living since the last interview? (i.e., apartment, home, motel, halfway house, etc.) \_\_\_\_\_

24) With whom have you been living since the last follow-up interview?

<u>Name</u>	<u>Relationship</u>	<u># days</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

25) Have you lived separated from your spouse since the last interview?

\_\_\_\_\_ No  
\_\_\_\_\_ Yes

From \_\_\_\_\_ to \_\_\_\_\_

26) How many times have you moved since the last interview? \_\_\_\_\_

New contacting address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

27) Since your last follow-up interview, how often did you engage in the following social/recreational activities? Please indicate your answer as either NEVER, ONE TIME, SOMETIMES or FREQUENTLY. (Note to interviewer: Ask subject to give an answer for each category.)

(1) Never (2) One time (3) Sometimes (once a week) (4) Frequently (more than once a week)

\_\_\_\_\_ Adult Education

\_\_\_\_\_ Recreational activities (i.e., cards, dancing, pool, picnics)

\_\_\_\_\_ Bars

\_\_\_\_\_ Sports

\_\_\_\_\_ Church activities

\_\_\_\_\_ Volunteer work

\_\_\_\_\_ Community activities (i.e., Masons, Legion, League of Women Voters, NOW)

\_\_\_\_\_ Other (describe): \_\_\_\_\_

\_\_\_\_\_ Dinner parties/social engagements

\_\_\_\_\_

SPOUSE FOLLOW-UP INTERVIEW

Interview No. \_\_\_\_\_

Spouse name \_\_\_\_\_

Client number \_\_\_\_\_

Client name \_\_\_\_\_

Last telephone interview: Date \_\_\_\_\_ Time \_\_\_\_\_

No. of days since last telephone interview \_\_\_\_\_

Contact made by:

\_\_\_\_\_ Interviewer called: \_\_\_\_\_ residence \_\_\_\_\_ place of work

\_\_\_\_\_ Spouse called

\_\_\_\_\_ Letter

\_\_\_\_\_ At Butler Hospital

\_\_\_\_\_ Other (specify): \_\_\_\_\_

---

Note to interviewer:

- 1) Review comments on spouse coding sheet.
- 2) Be sure to ask the following questions before starting the interview:
  - Would you prefer to talk from another phone or call me back?
  - This interview should take \_\_\_\_\_ minutes. Is this a good time to talk?

Note to interviewer:

Ask the spouse to have target calendar handy. Indicate to him/her the number of days since the last follow-up interview. Divide the time period into weeks beginning with Monday and ending Sunday and list dates below. Help spouse target boundaries for each week. (Be sure to ask female spouses to target their menstrual cycle.)

Ask the following questions, #1-#4, for Week 1, then repeat for Week 2, etc., until every week has been completed. Mark the answers on the spouse's coding sheet.

- 1) How many days during Week \_\_\_\_\_ did your spouse drink? \_\_\_\_\_
- 2) How would you describe your spouse's drinking severity during this week?  
  
\_\_\_\_\_ abstinent  
\_\_\_\_\_ extremely light  
\_\_\_\_\_ moderate  
\_\_\_\_\_ extremely heavy
- 3) During Week \_\_\_\_\_, how would you rate your spouse's intensity of thoughts about having a drink on a scale of 1 to 7?  
  
1 = low intensity  
4 = moderate intensity  
7 = extreme intensity
- 4) How would you rate your marital satisfaction on a scale from 1 to 7?  
  
1 = extremely dissatisfied  
4 = satisfied  
7 = extremely satisfied



1) Since the last follow-up contact, how do you view your spouse's drinking problem? As:

- no problem at all
- a slight problem
- a moderate problem
- a very serious problem

2) Since the last follow-up contact, would you say that your spouse's ability to cope with their drinking problem has improved, worsened, or stayed about the same?

- improved
- worsened
- stayed about the same

3) Has your spouse been treated for any alcohol-related problems since the last follow-up contact? (detox, withdrawals, gastritis, etc.)?

- No
- Yes

<u>Problem</u>	<u>Name of hospital or facility</u>	<u>City</u>	<u>Dates and # days hospitalized</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4) Has your spouse been hospitalized since the last follow-up contact?

- No
- Yes

<u>Problem</u>	<u>Name of hospital</u>	<u>City</u>	<u>Dates and # days hospitalized</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5) Has your spouse used any other therapeutic supports since the last follow-up contact (AA, private therapists, mental health clinic, OP hospital program, BHOP, Antabuse, etc.)?

No  
 Yes

<u>Type(s) or name of facility</u>	<u>Frequency</u>
_____	_____
_____	_____
_____	_____
_____	_____

6) Is your spouse currently using any prescribed drugs?

No  
 Yes

If yes:

<u>Name</u>	<u>Prescribed Dosage</u>	<u>Actual Dosage</u>	<u>Frequency</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you see your spouse's use of this drug (these drugs) as a problem?

No  
 Yes

7) Is your spouse currently using any non-prescribed drugs?

No  
 Yes

If yes:

<u>Name</u>	<u>Dosage</u>	<u>Frequency</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you see your spouse's use of this drug (these drugs) as a problem?

No  
 Yes

8) Has your spouse been arrested for alcohol-related problems since the last follow-up contact?

No  
 Yes

If yes:

City \_\_\_\_\_

City or county Jail \_\_\_\_\_

Dates & number of days incarcerated \_\_\_\_\_

Indicate the number of times for each charge (use zero for none):

<input type="checkbox"/> Drunk in public (647F)	<input type="checkbox"/> Drunk in auto
<input type="checkbox"/> Drunk driving (502)	<input type="checkbox"/> Reckless driving
<input type="checkbox"/> Disturbing the peace	<input type="checkbox"/> Open container
<input type="checkbox"/> Other (describe)	_____

Verified: \_\_\_\_\_

\_\_\_\_\_

9) What is your spouse's current employment status?

- |                                                |                                                      |
|------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> (1) full-time         | <input type="checkbox"/> (6) disabled                |
| <input type="checkbox"/> (2) part-time         | <input type="checkbox"/> (7) full-time student       |
| <input type="checkbox"/> (3) self-employed     | <input type="checkbox"/> (8) housewife               |
| <input type="checkbox"/> (4) works at odd jobs | <input type="checkbox"/> (9) retired                 |
| <input type="checkbox"/> (5) unemployed        | <input type="checkbox"/> (10) other (describe) _____ |

10) Has your spouse lost or changed jobs since the last follow-up contact?

- No  
 Yes

If yes, describe the circumstances surrounding the change and what kind of work he/she is now doing:

- |                                   |                                                 |
|-----------------------------------|-------------------------------------------------|
| <input type="checkbox"/> fired    | <input type="checkbox"/> asked to quit          |
| <input type="checkbox"/> resigned | <input type="checkbox"/> other (describe) _____ |

New employer: \_\_\_\_\_

11) Did your spouse leave due to alcohol-related problems?

- No  
 Yes

12) How many days has your spouse missed work since the last follow-up interview? \_\_\_\_\_

13) How many of these days have been due to drinking? \_\_\_\_\_

14) Approximately what was your average monthly income in this last month?  
\_\_\_\_\_

15) What has been your major source of financial support since the last follow-up interview?

- Job  
 Family, relatives or friends  
 Unemployment Compensation  
 VA Benefits  
 Social Security and/or retirement benefits  
 Welfare  
 Disability  
 Spouse  
 Other (describe): \_\_\_\_\_

- 16) How many full-time jobs has your spouse had since the last follow-up interview? \_\_\_\_\_
- 17) How many part-time jobs has your spouse had since the last follow-up interview? \_\_\_\_\_
- 18) Where has your spouse been living since the last follow-up interview? (i.e., apartment, home, motel, halfway house, etc.) \_\_\_\_\_
- 19) With whom has your spouse been living since the last follow-up interview?

<u>Name</u>	<u>Relationship</u>	<u># days</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 20) Have you lived separated from your spouse since the last follow-up interview?

\_\_\_\_\_ No  
 \_\_\_\_\_ Yes

From \_\_\_\_\_ to \_\_\_\_\_

- 21) How many times has your spouse moved since the last interview? \_\_\_\_\_

New contacting address: \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_

- 22) Since your last follow-up interview, how often did your spouse engage in the following social/recreational activities? Please indicate your answer as either NEVER, ONE TIME, SOMETIMES or FREQUENTLY. (Note to interviewer: Ask subject to give an answer for each category.)

(1) Never (2) One time (3) Sometimes (once a week) (4) Frequently (more than once a week)

_____ Adult Education	_____ Recreational Activities
_____ Bars	(ie., cards, dancing,
_____ Church activities	pool, picnics)
_____ Community activities (ie., Masons,	_____ Sports
Legion, League of Women Voters, NOW)	_____ Volunteer work
_____ Dinner parties/social engagements	_____ other (describe): _____
	_____

23) Have you changed jobs since the last follow-up interview?

No  
 Yes

If yes, check current employment status:

<input type="checkbox"/> (1) full-time job	<input type="checkbox"/> (6) disabled
<input type="checkbox"/> (2) part-time job	<input type="checkbox"/> (7) Welfare
<input type="checkbox"/> (3) self-employed	<input type="checkbox"/> (8) full-time student
<input type="checkbox"/> (4) works at odd jobs	<input type="checkbox"/> (9) housewife
<input type="checkbox"/> (5) Unemployed	<input type="checkbox"/> (10) retired
<input type="checkbox"/> (11) other (describe): _____	

Name of new employer: \_\_\_\_\_

Convenient to contact for follow-ups at work?

No  
 Yes

Phone #: \_\_\_\_\_

Time Interview ended: \_\_\_\_\_

Signature of interviewer: \_\_\_\_\_

Please log comments on Spouse Coding Sheet.

Next follow-up call:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

New Phone #: \_\_\_\_\_

## CLINICAL SCREENING INTERVIEW

- Authors:** Barbara S. McCrady and D.B. Abrams
- Assessment Areas Covered:** Drinking history, detoxification, need for, mental health, physical health, history of emotional problems, medications, spouse alcohol/drug use
- Administration:** Interview (60 to 90 minutes), minimal handwriting required, at screening and intake
- Design Features:** 64 questions, open-ended response format, includes two standardized questionnaires (Mini Mental Status Exam and portions of the Present State Examination)
- Abstract:** This interview was designed to screen subjects for eligibility for a study of differing types of spouse-involved outpatient alcoholism treatment. Specific sections screen for drug abuse, psychosis, organic disorders, and the need for detoxification prior to treatment. Client and spouse perceptions of the nature of the drinking problem are also assessed.
- There are no validity or reliability studies on the overall interview. However, there are two structured screening interviews that are incorporated: the Present State Examination and the Mini Mental Status Examination, both of which have reported validity studies. Development of the Clinical Screening Interview was supported by NIAAA Grant AA03984, "Marital, Spouse and Self-Control Therapy of Alcoholics."
- Related Published Reports:** Folstein, M.F.; Folstein, S.E.; and McHugh, P.R. "Mini-mental state." A practical method for grading the cognitive state of patients for the clinician. Journal of Psychiatric Research, 12:189-198, 1975.
- Wing, J.K.; Cooper, J.E.; and Sartorius, N. Measurement and Classification of Psychiatric Symptoms. London: Cambridge University Press, 1974.
- McCrady, B.S. Conjoint behavioral treatment of an alcoholic and his spouse: The case of Mr. and Mrs. D. In: Hay, W.M., and Nathan, P.E., eds. Clinical Case Studies in the Behavioral Treatment of Alcoholism. New York: Plenum Press, 1982.
- Availability Source:** Barbara S. McCrady, Ph.D., Center of Alcohol Studies, Rutgers-The State University of New Jersey, Busch Campus, Piscataway, New Jersey 08854

## CLINICAL SCREENING

### I. Introduction to Clients

- a) Reviewed telephone information
- b) Purpose of interview
  - i) To describe the program briefly
  - ii) To get to know the clients, their problems and how we can help them
  - iii) To give clients chance to get to know the program and staff
  - iv) To sum up at the end and decide if program is suitable and if clients want to commit themselves
  - v) If program is not suitable to give reasons and a referral
- c) Structure of the interview
  - i) It will take 1½-2 hours.
  - ii) Clients will be asked to complete some questionnaires.
  - iii) Vital signs and breath sample will be taken.
  - iv) Interview of client and spouse for about 1 hour to obtain:
    - a) Drinking history and need for detoxification
    - b) Screen for polydrug abuse
    - c) Screen for psychosis (Present State Exam)
    - d) Screen for organicity (Mini Mental Status)
    - e) Client or spouse in other treatments - details
  - v) Sum up data from questionnaires and interview.
  - vi) Answer questions clients may have, reach consensus on issues
  - vii) Decision about acceptance/referral
- d) If accepted, go over consent form
  - i) Describe fee schedule and payback of deposit.
  - ii) Sign consent form (If necessary describe program in more detail).
  - iii) Decide on need for inpatient detoxification.
  - iv) If no need for detoxification then refer clients to secretary to schedule Research Baseline Interview.
  - v) Decide on physical exam or get records of last physical.



Date: \_\_\_\_\_

Name of Client: \_\_\_\_\_

Name of interviewer: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Therapist Note: If client appears confused, is showing withdrawal symptoms, or is intoxicated one may wish to proceed directly to relevant sections (e.g., Section C - current drinking and detox screen, Section D - Mini Mental Exam). Once it is established what state the client is in, then if he/she is impaired and will definitely be admitted to the Hospital parts of the interview can be deferred until the 3rd or 4th day following admission after decrease in acute symptomatology. Otherwise clinical judgment should be used about continuing the interview.

#### Quick Reference Guide to Sections

<u>Name</u>	<u>Section</u>	<u>Page</u>
Introduction and demographics	A	1
Basic Eligibility cutoffs	B	2
Current Drinking Status	C	10
Screen for detoxification	C	10
Mini Mental Status Exam	D	13
Present State Exam Rating Sheet	E	15

#### BREATH TEST AND VITAL SIGNS:

Name: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ mm Hg.

Pulse Rate: \_\_\_\_\_ beats per minute

Temperature: \_\_\_\_\_

BAL Reading: \_\_\_\_\_ mg.%

CLINICAL INTERVIEW

(Therapist Note: Clients should be informed about purpose and structure of interview. They should be told that some information was already obtained on the telephone. In order to put clients at ease the therapist may wish to briefly review the telephone screen data and use this as a lead-in to ask the following demographic questions.)

Section A. Demographics

Review from the telephone screen client's full name, address, telephone number and age.

1. When were you born? \_\_\_\_\_  
                                    month            day            year
  
2. Ask spouse: a) How old are you? \_\_\_\_\_  
                                    b) And your date of birth? \_\_\_\_\_  
                                                                                    month            day            year
  
3. a) How long have you two been married? \_\_\_\_\_ years  
    b) Do you have any children? Yes / No If yes, how many? \_\_\_\_\_  
                                                                                    Their ages? \_\_\_\_\_  
                                                                                    How many living at home? \_\_\_\_\_
  
4. Medical Insurance, details of coverage: Plan: \_\_\_\_\_ Date: \_\_\_\_\_  
                                                                                    Number: \_\_\_\_\_
  
5. When did you last have a physical?  
  
    Doctor's name: \_\_\_\_\_  
    Address: \_\_\_\_\_  
                                    \_\_\_\_\_  
                                    \_\_\_\_\_  
  
    Date of physical: \_\_\_\_\_

---

Therapist Note: If client has not had a physical in last 6 months then a physical is required. If client has had a physical in last 6 months have him/her sign release of information consent form to obtain medical records.

Section B. Current Presenting Problems

(To begin with I'd like to get an idea of the sort of problems that have been troubling you.)

6. a) What have been the main difficulties that led to you calling? \_\_\_\_\_  
\_\_\_\_\_

b) Did concerns about drinking alcohol play a significant part in your decision to seek help at this time? Yes / No \_\_\_\_\_  
\_\_\_\_\_

c) Are there any additional problems that concern you? \_\_\_\_\_  
\_\_\_\_\_

7. a) Ask spouse: How do you see the drinking problem(s)? \_\_\_\_\_  
\_\_\_\_\_

b) Ask spouse: And how does this affect you? \_\_\_\_\_  
\_\_\_\_\_

8. Have you been hospitalized for any medical problems?

What problem? \_\_\_\_\_

Where hospitalized? \_\_\_\_\_

When (dates)? \_\_\_\_\_ to \_\_\_\_\_

What problem? \_\_\_\_\_

Where hospitalized? \_\_\_\_\_

When (dates)? \_\_\_\_\_ to \_\_\_\_\_

9. Are you currently in treatment for anything at all (prompts: medical, any groups like AA, or emotional?) Yes / No If yes, details: \_\_\_\_\_  
\_\_\_\_\_

10. Ask spouse: Are you currently in treatment for anything at all? Yes / No  
If yes, details: \_\_\_\_\_

Prompt: How about groups like ALANON? \_\_\_\_\_

Therapist Note: If either client or spouse are currently in any form of group or individual psychotherapy, establish whether this is likely to continue while they are participants in this project. If clients wish to quit therapy, defer acceptance decision, ask them to talk to current therapist.

DECISION: IF EITHER CLIENT OR SPOUSE CURRENTLY IN TREATMENT - INELIGIBLE -  
END INTERVIEW.

11. a) Have either of you ever been treated for any emotional/nervous problems not related to drinking? Yes / No If yes:

Client: What problems: \_\_\_\_\_

Where hospitalized: \_\_\_\_\_

When (dates): \_\_\_\_\_ to \_\_\_\_\_

Spouse: What problems: \_\_\_\_\_

Where hospitalized: \_\_\_\_\_

When (dates): \_\_\_\_\_ to \_\_\_\_\_

b) Which members of your family (if any) have had emotional problems (prompt: Has anyone ever been treated/hospitalized for any emotional problem?) Yes / No If yes:

Relationship \_\_\_\_\_ (blood relative)? \_\_\_\_\_

type of problem \_\_\_\_\_

where treated \_\_\_\_\_

dates of treatment \_\_\_\_\_ to \_\_\_\_\_ last: \_\_\_\_\_ to \_\_\_\_\_

medication details: \_\_\_\_\_

Therapist Note: If client has a primary diagnosis of a major psychotic disorder (schizophrenia, schizo-affective, manic-depressive), this is grounds for exclusion - consider going to PSE to clarify and terminate interview.

---

12. a) Are either of you currently taking any drugs or medication? Yes / No  
If yes, prescribed? \_\_\_\_\_ Nonprescribed? \_\_\_\_\_

Client: Name of drug \_\_\_\_\_

For what? \_\_\_\_\_

Dose mg/day \_\_\_\_\_

For how long using? \_\_\_\_\_

Plans to stop \_\_\_\_\_

Spouse: Prescribed? \_\_\_\_\_ Nonprescribed? \_\_\_\_\_

Name of drug \_\_\_\_\_

For what? \_\_\_\_\_

Dose mg/day \_\_\_\_\_

For how long using? \_\_\_\_\_

Plans to stop \_\_\_\_\_

If no, prompt: Anything for sleep, headaches, pain, anxiety, nerves, depression?

- b) If drugs have been used ask: Are any of these drugs causing unpleasant side effects or other problems? Yes / No

Drug: \_\_\_\_\_ Problem: \_\_\_\_\_

Drug: \_\_\_\_\_ Problem: \_\_\_\_\_

13. Ask only if problem drinker is a woman: Are you currently taking birth control medication? Yes / No If yes, when did you start? \_\_\_\_\_

If no, have you taken any in the past? Yes / No

If yes to either of above get details for past usage:

Name of drug \_\_\_\_\_

Dates \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

14. a) In the past have either of you ever used any drugs other than alcohol?  
Yes / No (Prompt: For example; marijuana, amphetamines, heroin,  
cocaine).

If yes:

Client: Prescribed? \_\_\_\_\_ Nonprescribed? \_\_\_\_\_

Name of drug \_\_\_\_\_

For what? \_\_\_\_\_

How much/day \_\_\_\_\_

How regularly \_\_\_\_\_

When and for how long? \_\_\_\_\_ to \_\_\_\_\_

Spouse: Prescribed? \_\_\_\_\_ Nonprescribed? \_\_\_\_\_

Name of drug \_\_\_\_\_

For what? \_\_\_\_\_

How much/day \_\_\_\_\_

How regularly \_\_\_\_\_

When and for how long? \_\_\_\_\_ to \_\_\_\_\_

b) If illicit drugs have been used ask: What problems has this caused you? \_\_\_\_\_

c) Are you still concerned about these drugs now? \_\_\_\_\_

15. a) Have you been treated for any drug-related difficulties other than alcohol?  
Yes / No

If yes:

Client: What problem and name drugs \_\_\_\_\_

Where treated (hospital, other)? \_\_\_\_\_

Treatment \_\_\_\_\_

Dates of treatment? \_\_\_\_\_ to \_\_\_\_\_

b) Spouse: Yes / No

What problem and name drugs? \_\_\_\_\_

Where treated (hospital, other)? \_\_\_\_\_

Treatment \_\_\_\_\_

Dates of treatment \_\_\_\_\_ to \_\_\_\_\_

---

DECISION: POLYDRUG ABUSE REGULAR USE OF ILLICIT OR MOOD ALTERING DRUGS (NOT INCLUDING MINOR TRANQUILIZERS AS PRESCRIBED- OTHER PRESCRIBED DRUGS TAKEN AS DIRECTED OR MILD MARIJUANA USE).

GUIDELINES: --YES TO Q10 IN LAST 6 MONTHS AND ? OF UNSUCCESSFUL TREATMENT.

--Q8, Q9 JUDGE SEVERITY, REGULAR USE, CAUSING PROBLEMS AND TYPE OF DRUG.

---

Therapist Note: Review couple's Locke-Wallace Marital Form

Client: Score= \_\_\_\_\_

Spouse: Score= \_\_\_\_\_

Review Client's MAST score

Score= \_\_\_\_\_

Review Spouse MAST score

Score= \_\_\_\_\_

---

DECISION: MARITAL SCORE OF BOTH PARTNERS > 100 - INELIGIBLE - CLIENT MAST < 5 - INELIGIBLE - END INTERVIEW.

---

(Note: If MAST < 5 Ask why clients came): \_\_\_\_\_

---

Attempt to elicit drinking as a problem: \_\_\_\_\_

Client Follow-up MAST questions: (Establish true and current drinking problem).

16. a) I would like to know how recently some of the things have happened which you marked on the questionnaire. For each one please tell me the most recent time it occurred and also whether your own concern about the problem contributed to your coming into treatment at this time?

<u>Question on MAST</u>	<u>Last Occurrence</u>	<u>Current Concern</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- b) If client has 4 consequences occurring in the last 12 months, ask client to explain in detail what problems alcohol caused in last 12 months. (unless this is already clear from Q1a and 1b, i.e., establish if there is a true and current drinking problem). \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

17. Have you had anything at all to drink in the last 60 days? Yes / No

---

DECISION: NO ALCOHOL AT ALL LAST 60 DAYS - INELIGIBLE - END INTERVIEW.

---

DECISION: NO TRUE AND CURRENT DRINKING PROBLEM - INELIGIBLE - END INTERVIEW.

GUIDELINES: --Q6a) No, Q6b) No, Q16a) and b) - INELIGIBLE

--Q6a)?Yes, Q6b) No, Q16a) and b) < 4 occurrences in last 12 months - INELIGIBLE

--Q6a) No, Q6b) Yes, Q16a) Yes but < 4 occurrences; then use Q16b) information and clinical judgment.

---

Therapist Note: If spouse MAST = 0 Go to Q18.  
If spouse MAST < 5 Go to Q19.  
If spouse MAST >> 5 Go to Q19 to Q22 inclusive

---



Spouse Follow-up MAST questions

18. Ask spouse: Do you drink (alcohol)? Yes / No  
(If no, to Q24)
19. Ask spouse: Have you consumed any alcohol in the last month? Yes / No  
If no, when was the last time? Month \_\_\_\_\_ Year \_\_\_\_\_  
If yes, when was that? Day \_\_\_\_\_ Time \_\_\_\_\_
20. Ask spouse: Does your current use of alcohol cause any problems for you?  
Yes / No  
If yes, what problems in last month? \_\_\_\_\_  
If no, to Q24 unless MAST (spouse) >> 5.
21. Ask spouse: Did your concerns about your drinking alcohol play a  
significant part in your decision to seek help at this time?  
Yes / No Details: \_\_\_\_\_
22. Ask spouse: I would like to know how recently some of the things have happened  
which you marked on the questionnaire. For each one please tell  
me the most recent time it occurred and also whether your own  
concerns about the problem contributed to your coming into treat-  
ment at this time?

<u>Question on MAST</u>	<u>Last Occurrence</u>	<u>Current Concern</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

23. If spouse has <4 consequences in last 12 months, ask spouse to explain  
what problems alcohol has caused in last 12 months in more detail: \_\_\_\_\_

DECISION: SPOUSE HAS CURRENT SIGNIFICANT DRINKING PROBLEM - INELIGIBLE - END  
INTERVIEW.

GUIDELINES: SPOUSE MAST >> 5, YES TO Q19 AND THE FOLLOWING:

- Q20 Yes, Q21 Yes, Q22 Yes - INELIGIBLE
- Q20 No, Q21 Yes, Q22 Yes - INELIGIBLE
- Q20 Yes, Q21 No, Q22 Yes - INELIGIBLE
- Q20 Yes, Q21 Yes, Q22 No - INELIGIBLE
- Q20 No, Q21 No, Q22 Yes and >4 occurrences in last 12 months. See  
Q23 and judge severity.

Section C: Current Drinking Status and Detoxification Screening

24. a) When did you last have a drink of alcohol? Day: \_\_\_\_\_  
Hour: \_\_\_\_\_

b) How much did you drink that last time? \_\_\_\_\_ of what? \_\_\_\_\_  
(proof, type beer, wine)

---

Therapist Note: - drinking 8-30 days ago, to Q25.

- drinking < 12 hours ago, to Q27.

- drinking 12 hours-7 days ago, to Q26.

---

25. How are you feeling right now? (Any physical problems?) \_\_\_\_\_  
\_\_\_\_\_

If yes, to Q26. If no, to Q31.

26. Are you experiencing any of these feelings now? (Show Withdrawal Symptoms Card)

\_\_\_\_\_ Shaking

\_\_\_\_\_ Having the "fears" (overwhelming anxiety)

\_\_\_\_\_ Sweating

\_\_\_\_\_ Feeling confused

\_\_\_\_\_ Nausea

\_\_\_\_\_ Seizures

\_\_\_\_\_ Vomiting

\_\_\_\_\_ Seeing or hearing things that aren't there

\_\_\_\_\_ Diarrhea

\_\_\_\_\_ Not being sure where you are

\_\_\_\_\_ Trouble sleeping

---

DECISION: NEED FOR HOSPITALIZATION FOR DETOXIFICATION

GUIDELINES: --Yes to Q19. (JUDGE SEVERITY AND LENGTH OF TIME SINCE LAST DRINK)

(IF NECESSARY CONFIRM WITH FOLLOW-UP QUESTIONS 27-31 AND REFER TO VITAL SIGNS).

---

27. At any time in the past have you been treated for alcohol detoxification or withdrawal? Yes / No

If yes, have you: a) Been in hospital Yes / No

Name of hospital \_\_\_\_\_

For what \_\_\_\_\_

Dates \_\_\_\_\_ to \_\_\_\_\_

b) Been in a residential treatment Yes / No

Name \_\_\_\_\_

Dates \_\_\_\_\_ to \_\_\_\_\_

28. On any days on which you did not drink, did you ever experience any of the following? (Show Withdrawal Symptom Card)

\_\_\_\_\_ Shaking \_\_\_\_\_ Having "the fears" (overwhelming anxiety)

\_\_\_\_\_ Sweating \_\_\_\_\_ Feeling confused

\_\_\_\_\_ Nausea \_\_\_\_\_ Seizures

\_\_\_\_\_ Vomiting \_\_\_\_\_ Seeing or hearing things that aren't there

\_\_\_\_\_ Diarrhea \_\_\_\_\_ Not being sure where you are

\_\_\_\_\_ Trouble sleeping

29. Have you ever taken a drink in the morning when you first got up? Yes / No  
When was the last time? \_\_\_\_\_

30. Have you ever awakened from sleep and taken a drink to go back to sleep?  
Yes / No When was the last time? \_\_\_\_\_

31. Have you suffered any memory lapses or "blackouts" because of alcohol? (Have there been periods when you could not remember what was happening or what you wanted to do or where things were?) \_\_\_\_\_

What was it like? \_\_\_\_\_

How did you explain it? \_\_\_\_\_

Were you drinking at the time? \_\_\_\_\_

DECISION: NEED FOR HOSPITALIZATION FOR DETOX/WITHDRAWAL

GUIDELINES: -- Last drink 8-30 days ago - no need, unless clinical evidence.

-- Last drink <12 hours ago; and yes to Q28 (judge severity) or yes to Q27 or yes to Q29, Q30 (judge severity).

---

**Therapist Note:** If client will not be hospitalized for detoxification but is intoxicated (BAL +ve) judge safety of client (e.g., impairment of thought, suicide risk, danger to self or others). May want to obtain more information from Mini Mental Status. Also inform client what withdrawal symptoms are and tell him/her to call/come in if he/she experiences them in next few days if they are planning to abstain.

Section D. Mini Mental Status Exam

Suggested Introduction. I am now going to ask you some questions that we ask everybody routinely. Some of them may seem easy, others are harder. Just think about each and answer as best you can. Some questions may repeat things you have already told me, if so, please just answer them again.

- |                                                                                                                                                                                                                                                                                                                          | <u>MAX</u> | <u>CLIENT SCORE</u> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------|
| 32. What is the date? _____<br><div style="display: flex; justify-content: space-around; font-size: small;"> <span>year</span> <span>season</span> <span>date</span> <span>day</span> <span>month</span> </div> (prompt: Can you tell me the...)                                                                         | / 5 /      | / /                 |
| 33. Where are we? _____<br><div style="display: flex; justify-content: space-around; font-size: small;"> <span>state</span> <span>county</span> <span>town</span> <span>hospital</span> <span>floor</span> </div> (prompt: Can you tell me the name of this...)                                                          | / 5 /      | / /                 |
| 34. I would like to test your memory, ok? (One second apart say:<br>"Here are some words: elephant, table, blue.")<br>Can you repeat these words?<br><div style="display: flex; justify-content: space-around; font-size: small; margin-left: 100px;"> <span>elephant</span> <span>table</span> <span>blue</span> </div> | / 3 /      | / /                 |
| Repeat until all 3 are recalled. Count trials required _____. (Max 6)<br>If client cannot recall all 3, memory cannot be tested later.<br>When all 3 are recalled, say "OK, now I will ask you them later."                                                                                                              |            |                     |
| 35. a) I would like you to count backwards for me. Begin at 100 and<br>count backwards subtracting seven (7) at a time. (Stop after<br>5 subtractions.)                                                                                                                                                                  | / 5 /      | / /                 |
| Check: _____<br><div style="display: flex; justify-content: space-around; font-size: small; margin-left: 100px;"> <span>93</span> <span>86</span> <span>79</span> <span>72</span> <span>65</span> </div>                                                                                                                 |            |                     |
| b) Note: If client cannot do serial 7's ask: Spell <u>WORLD</u> back-<br>wards.<br><div style="display: flex; justify-content: space-around; font-size: small; margin-left: 100px;"> <span>D</span> <span>L</span> <span>R</span> <span>O</span> <span>W</span> </div>                                                   |            |                     |
| 36. Can you remember the words I gave you earlier?                                                                                                                                                                                                                                                                       | / 3 /      | / /                 |
| _____<br>elephant      table      blue                                                                                                                                                                                                                                                                                   |            |                     |
| 37. Show client a) wrist watch (point to it) What is this? _____<br>b) pencil (point) And what is this? _____<br>(Check correct)                                                                                                                                                                                         | / 2 /      | / /                 |
| 38. Repeat this after me please. "No ifs, ands or buts." _____<br>(Check correct)                                                                                                                                                                                                                                        | / 1 /      | / /                 |

	<u>MAX</u>	<u>CLIENT SCORE</u>
39. (Give client a piece of blank paper.) Say, "Take a paper in your right hand, fold it in half, and put it on the floor."  Hand _____ Fold _____ Floor _____	<u>3</u>	<u>  </u>
40. (Do not say instruction out loud.) Show client card: "Close your eyes." Ask: I want you to read this and then do what it says. (Check correct) (Score only if client closes eyes).	<u>1</u>	<u>  </u>
41. (Give client blank paper) Ask client: Can you write down a sentence for me? (Do not dictate, it must be spontaneous). (Check correct) _____	<u>1</u>	<u>  </u>
42. Show Card of 2 intersecting pentagons to client. Give client paper and ask: Can you copy this, exactly as you see it please? (Check correct) _____	<u>1</u>	<u>  </u>
	TOTAL SCORE: <u>30</u>	<u>  </u>

DECISION: RULE OUT OBS

GUIDELINES: -- Score > 25 - NORMAL (MEAN FOR NORMALS 27.6)

-- 20-25 - IMPAIRED - QUESTIONABLE

-- < 20 - SEVERE, USUALLY FUNCTIONAL PSYCHOSIS, OBS, DEMENTIA.

(NOTE: IN ETOH ABUSE - IMPAIRMENT COULD BE RELATED TO CURRENT INTOXICATION OR WERNICKE'S - REPEAT EXAM AFTER HOSPITALIZATION, DECREASE ACUTE PHASE AND TREATMENT.)

ITEM	RATING 0129	ALCOHOL INVOLVED	DETAILS/COMMENTS (of symptoms and their relation to drinking)
	(circle one)	(circle one)	
I. DEPRESSION			
43. Depressed mood	0 1 2 9	Y N	
44. Loss of interest	0 1 2 9	Y N	
45. a) Change in appetite	0 1 2 9	Y N	
b) Weight change loss/gain (circle one) # of lbs.	0 1 2 9	Y N	
46. Sleep disturbance	0 1 2 9	Y N	
47. Energy level	0 1 2 9	Y N	
48. a) Suicidal ideat./behav.	0 1 2 9	Y N	
b) Hopelessness/future	0 1 2 9	Y N	
49. Reactive precipitants	Yes/No	-----	
50. Guilt	0 1 2 9	Y N	
51. Restlessness	0 1 2 9	Y N	

ITEM	RATING 0129	ALCOHOL INVOLVED	DETAILS/COMMENTS (of symptoms and their relation to drinking)
	(circle one)	(circle one)	
II. THOUGHT DISORDER			
52. Inefficient thinking	0 1 2 9	Y N	
53. Poor concentration	0 1 2 9	Y N	
54. Persecution delusions	0 1 2 9	Y N	
55. Ideas of reference	0 1 2 9	Y N	
56. Derealization	0 1 2 9	Y N	
57. Depersonalization	0 1 2 9	Y N	
58. Delusional mood	0 1 2 9	Y N	
59. Auditory hallucinations	0 1 2 9	Y N	
60. Visual hallucinations	0 1 2 9	Y N	
61. Other hallucinations (specify)	0 1 2 9	Y N	

ITEM	RATING 0129	ALCOHOL INVOLVED	DETAILS/COMMENTS (of symptoms and their relation to drinking)
III. MANIC STATE	(circle one)	(circle one)	
62. Expansive mood	0 1 2 9	Y N	
63. - Subjective pressure	0 1 2 9	Y N	
64. Grandiose ideas/actions	0 1 2 9	Y N	



## ADDICTION SEVERITY INDEX

- Authors:** A.T. McLellan, L. Luborsky, C.P. O'Brien, and G.E. Woody
- Assessment Areas Covered:** Mental health, physical health, employment, legal, alcohol consumption, drug use, family relations, social relationships, matching patients to treatment, diagnosis, prognosis
- Administration:** Structured interview is administered by an easily trained technician or counselor (30 to 40 minutes). Instructional materials and videotaped interviews are available for 2-day training sessions. Suitable for both alcohol- and drug-dependent adults (over 16 years of age), male or female, at screening, intake, and followup
- Design Features:** Utilizes seven independent problem assessments. Suitable for patient screening and "matching" patients to treatments by clinical staff at treatment admission. Suitable for repeated administration by researchers at followup to assess patient improvement.
- Abstract:** The Addiction Severity Index (ASI) is a clinical/research instrument that has been in wide use since 1979 to assess seven problem areas commonly found in alcohol- and drug-abusing patients. Results of concurrent reliability studies indicate that trained technicians can estimate the severity of patients' treatment problems with an average concordance of .89. Test-retest studies show that the information obtained from the ASI is consistent, even between different interviewers. Comparisons of the ASI severity ratings and composite measures with a battery of previously validated tests indicate strong evidence of discriminant validity. The reliability and validity results were consistent across subgroups of patients divided by age, race, sex, primary drug problem, or type of treatment program. Following 6 years of experience with the instrument, the authors feel that the ASI offers advantages in the examination of important issues such as the prediction of treatment outcome, the comparison of different forms of treatment, and the "matching" of patients to treatments.
- Related Published Reports:** McLellan, A.T.; Luborsky, L.; Woody, G.E.; and O'Brien, C.P. An improved diagnostic instrument for substance abuse patients: The Addiction Severity Index. Journal of Nervous and Mental Disorders, 168:26-33, 1980.
- McLellan, A.T.; Luborsky, L.; Woody, G.E.; O'Brien, C.P.; and Kron, R. Are the "addiction-related" problems of substance abusers really related? Journal of Nervous and Mental Disease, 169:232-239, 1981.
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- McLellan, A.T.; Luborsky, L.; Woody, G.E.; O'Brien, C.P.; and Druley, K.A. Predicting response to alcohol and drug abuse treatment. Archives of General Psychiatry, 40:620-625, 1983.
- Woody, G.E.; Luborsky, L.; McLellan, A.T.; O'Brien, C.P.; Beck, A.T.; Blaine, I.; Herman, I.; and Hole, A. Psychotherapy for opiate addiction: Does it help? Archives of General Psychiatry, 40:626-634, 1983.

Kosten, T.R.; Rounsaville, B.J.; and Kleber, H.D. Concurrent validity of the Addiction Severity Index. Journal of Nervous and Mental Disease, 171(10):606-610, 1983.

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**ADDICTION SEVERITY INDEX**

Third Edition

**INSTRUCTIONS**

1. Leave No Blanks – Where appropriate code items: X = question not answered  
N = question not applicable  
Use only one character per item.
2. Item numbers printed in squares are to be asked at follow-up. Items with a red asterisk are cumulative and should be rephrased at follow-up (see Manual).
3. Space is provided after sections for additional pertinent information.

**SEVERITY RATINGS**

The severity ratings are interviewer estimates of the patient's need for additional treatment in each area. The scales range from 0 (no treatment necessary) to 9 (treatment needed to intervene in life-threatening situation). Each rating is based upon the patient's history of problem symptoms, present condition and subjective assessment of his treatment needs in a given area. For a detailed description of severity ratings' derivation procedures and conventions, see manual.

**SUMMARY OF PATIENT'S RATING SCALE**

- 0 - Not at all
- 1 - Slightly
- 2 - Moderately
- 3 - Considerably
- 4 - Extremely

**GENERAL INFORMATION**

I.D. NUMBER 1   
 LAST 4 DIGITS OF SSN   
 DATE OF ADMISSION   
 DATE OF INTERVIEW   
 TIME BEGUN  :   
 TIME ENDED  :   
 CLASS:  
 1 - Intake   
 2 - Follow-up   
 CONTACT CODE:  
 1 - In Person   
 2 - Phone   
 3 - Mail   
 ORIGIN:  
 1 - PVAMC - DDTS   
 2 - Carrier Foundation   
 3 - Eagleville   
 TREATMENT EPISODE NUMBER   
 INTERVIEWER CODE NUMBER   
 SPECIAL:  
 1 - Patient terminated   
 2 - Patient refused   
 3 - Patient unable to respond

NAME \_\_\_\_\_  
 CURRENT ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 GEOGRAPHIC CODE   
 1. How long have you lived at this address?  YRS.  MOS.  
 2. Is this residence owned by you or your family?   
 0 - No 1 - Yes  
 3. DATE OF BIRTH   
 4. RACE   
 1 - White (Not of Hispanic Origin)  
 2 - Black (Not of Hispanic Origin)  
 3 - American Indian  
 4 - Alaskan Native  
 5 - Asian or Pacific Islander  
 6 - Hispanic - Mexican  
 7 - Hispanic - Puerto Rican  
 8 - Hispanic - Cuban  
 9 - Other Hispanic  
 5. RELIGIOUS PREFERENCE   
 1 - Protestant 4 - Islamic  
 2 - Catholic 5 - Other  
 3 - Jewish 6 - None  
 6. Have you been in a controlled environment in the past 30 days?   
 1 - No  
 2 - Jail  
 3 - Alcohol or Drug Treatment  
 4 - Medical Treatment  
 5 - Psychiatric Treatment  
 6 - Other \_\_\_\_\_  
 7. How many days?

**TEST RESULTS**

Shipley   
 C.Q.   
 I.Q.   
 Beck   
 Total Score   
 62  
 CARD 1 60

**SEVERITY PROFILE**

9							
8							
7							
6							
5							
4							
3							
2							
1							
0							
PROBLEMS	MEDICAL	EMP/SUP	ALCOHOL	DRUG	LEGAL	FAM/SOC	PSYCH

I.D.

- \*1. How many times in your life have you been hospitalized for medical problems?   
*(Include o.d.'s, d.t.'s, exclude detox.)*
- 2. How long ago was your last hospitalization for a physical problem?  YRS.  MOS.
- 3. Do you have any chronic medical problems which continue to interfere with your life?   
0 - No 1 - Yes
- 4. Are you taking any prescribed medication on a regular basis for a physical problem?   
0 - No 1 - Yes

**MEDICAL STATUS**

- 5. Do you receive a pension for a physical disability?   
*(Exclude psychiatric disability.)*  
0 - No  
1 - Yes \_\_\_\_\_  
Specify
- 6. How many days have you experienced medical problems in the past 30?
- 7. How troubled or bothered have you been by these medical problems in the past 30 days?

FOR QUESTIONS 7 & 8 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE.

- 8. How important to you now is treatment for these medical problems?
- INTERVIEWER SEVERITY RATING**
- 9. How would you rate the patient's need for medical treatment?
- CONFIDENCE RATINGS**  
Is the above information significantly distorted by:
- 10. Patient's misrepresentation?   
0 - No 1 - Yes
  - 11. Patient's inability to understand?   
0 - No 1 - Yes 20

**COMMENTS**

- \*1. Education completed *(GED = 12 years)* 21  YRS.  MOS.
- \*2. Training or technical education completed  MOS.
- 3. Do you have a profession, trade or skill?   
0 - No  
1 - Yes \_\_\_\_\_  
Specify
- 4. Do you have a valid driver's license?   
0 - No 1 - Yes
- 5. Do you have an automobile available for your use? *(Answer No if no valid driver's license.)*   
0 - No 1 - Yes
- 6. How long was your longest full-time job?  YRS.  MOS.
- \*7. Usual (or last) occupation.   
*(Specify in detail)*
- 8. Does someone contribute to your support in any way?   
0 - No 1 - Yes
- 9. (ONLY IF ITEM 8 IS YES) Does this constitute the majority of your support?   
0 - No 1 - Yes

**EMPLOYMENT/SUPPORT STATUS**

- 10. Usual employment pattern, past 3 years.   
1 - full time (40 hrs/wk)  
2 - part time (reg. hrs)  
3 - part time (irreg., daywork)  
4 - student  
5 - service  
6 - retired/disability  
7 - unemployed  
8 - in controlled environment
  - 11. How many days were you paid for working in the past 30?   
*(Include "under the table" work.)*
- How much money did you receive from the following sources in the past 30 days?
- 12. Employment *(net income)*
  - 13. Unemployment compensation
  - 14. DPA
  - 15. Pension, benefits or social security
  - 16. Money, family or friends *(Money for personal expenses).*
  - 17. Illegal

- 18. How many people depend on you for the majority of their food, shelter, etc.?
  - 19. How many days have you experienced employment problems in the past 30?
- FOR QUESTIONS 19 & 20 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE
- 20. How troubled or bothered have you been by these employment problems in the past 30 days?
  - 21. How important to you now is counseling for these employment problems?

**INTERVIEWER SEVERITY RATING**

- 22. How would you rate the patient's need for employment counseling?
- CONFIDENCE RATINGS**  
Is the above information significantly distorted by:
- 23. Patient's misrepresentation?   
0 - No 1 - Yes
  - 24. Patient's inability to understand?   
0 - No 1 - Yes 71

CARD  80

**COMMENTS**

I.D. 1

DRUG/ALCOHOL USE

CODE #

	PAST 30			LIFETIME USE		
	DAYS	YRS.	MOS.	DAYS	YRS.	MOS.
*01 - Alcohol - Any use at all						
*02 - Alcohol - To intoxication						
*03 - Heroin						
*04 - Methadone						
*05 - Other opiates/analgesics						
*06 - Barbiturates						
*07 - Other sed/hyp/tranq.						
*08 - Cocaine						
*09 - Amphetamines						
*10 - Cannabis						
*11 - Hallucinogens						
*12 - Inhalants						

CARD  80

Note: See manual for representative examples for each drug class.

\*13 - More than one substance per day (Incl. alcohol).

DAYS	YRS.	MOS.

14. Which substance is the major problem? (Please code as above or 00-No problem; 15-Alcohol & Drug [Dual addiction]; 16-Polydrug; when not clear, ask patient).

15. How long was your last period of voluntary abstinence from this major substance? (00 - never abstinent).  MOS.

16. How many months ago did this abstinence end? (00 - still abstinent).

\*17. How many times have you:  
Had alcohol d.t.'s   
Overdosed on drugs

\*18. How many times in your life have you been treated for:  
Alcohol Abuse   
Drug Abuse

\*19. How many of these were detox only?  
Alcohol   
Drug

20. How much would you say you spent during the past 30 days on:  
Alcohol   
Drugs

21. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days? (Include NA, AA).

22. How many days in the past 30 have you experienced:  
Alcohol Problems   
Drug Problems

FOR QUESTIONS 23 & 24 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

23. How troubled or bothered have you been in the past 30 days by these:  
Alcohol Problems   
Drug Problems

24. How important to you now is treatment for these:  
Alcohol Problems   
Drug Problems

INTERVIEWER SEVERITY RATING

25. How would you rate the patient's need for treatment for:  
Alcohol Abuse   
Drug Abuse

CONFIDENCE RATINGS

Is the above information significantly distorted by:

26. Patient's misrepresentation? 0 - No 1 - Yes

27. Patient's inability to understand? 0 - No 1 - Yes

CARD  80

COMMENTS

I.D.

LEGAL STATUS

1. Was this admission prompted or suggested by the criminal justice system (judge, probation/parole officer, etc.)?   
0 - No 1 - Yes

2. Are you on probation or parole?   
0 - No 1 - Yes

How many times in your life have you been arrested and charged with the following criminal offenses:

CODE #

- \*03 - shoplifting/vandalism
- \*04 - parole/probation violations
- \*05 - drug charges
- \*06 - forgery
- \*07 - weapons offense
- \*08 - burglary, larceny, B & E
- \*09 - robbery
- \*10 - assault
- \*11 - arson
- \*12 - rape
- \*13 - homicide, manslaughter
- \*14 - other

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

\*15. How many of these charges resulted in convictions?

How many times in your life have you been charged with the following:

\*16. Disorderly conduct, vagrancy, public intoxication

\*17. Driving while intoxicated

\*18. Major driving violations (reckless driving, speeding, no license, etc.).

\*19. How many months were you incarcerated in your life?

20. How long was your last incarceration?   
MOS.

21. What was it for?   
*(Use code 3-14, 16-18. If multiple charges, code most severe)*

22. Are you presently awaiting charges, trial or sentence?   
0 - No 1 - Yes

23. What for? *(if multiple choice, use most severe)*.

24. How many days in the past 30 were you detained or incarcerated?

25. How many days in the past 30 have you engaged in illegal activities for profit?

FOR QUESTIONS 26 & 27 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

26. How serious do you feel your present legal problems are?   
*(Exclude civil problems)*

27. How important to you now is counseling or referral for these legal problems?

INTERVIEWER SEVERITY RATING

28. How would you rate the patient's need for legal services or counseling?

CONFIDENCE RATINGS

Is the above information significantly distorted by:

29. Patient's misrepresentation?   
0 - No 1 - Yes

30. Patient's inability to understand?   
0 - No 1 - Yes

CARD 5 80

COMMENTS

I.D. #

1. Marital Status

1 - Married    4 - Separated  
2 - Remarried    5 - Divorced  
3 - Widowed    6 - Never Married

2. How long have you been in this marital status?  YRS.  MOS.  
*(If never married, since age 18).*

3. Are you satisfied with this situation?

0 - No  
1 - Indifferent  
2 - Yes

4. Usual living arrangements (past 3 yr.)

1 - With sexual partner and children  
2 - With sexual partner alone  
3 - With parents  
4 - With family  
5 - With friends  
6 - Alone  
7 - Controlled environment  
8 - No stable arrangements

5. How long have you lived in these arrangements.  YRS.  MOS.  
*(If with parents or family, since age 18).*

6. Are you satisfied with these living arrangements?

0 - No  
1 - Indifferent  
2 - Yes

**FAMILY/SOCIAL RELATIONSHIPS**

7. With whom do you spend most of your free time:

1 - Family    3 - Alone  
2 - Friends

8. Are you satisfied with spending your free time this way?

0 - No    2 - Yes  
1 - Indifferent

9. How many close friends do you have?

10. How many days in the past 30 have you had serious conflicts:  
A. with your family?   
B. with other people? (excluding family).

Have you had significant periods in which you have experienced serious problems with:

0 - No    1 - Yes

	PAST 30 DAYS	IN YOUR LIFE
*11. Mother	<input type="checkbox"/>	<input type="checkbox"/>
*12. Father	<input type="checkbox"/>	<input type="checkbox"/>
*13. Brothers/Sisters	<input type="checkbox"/>	<input type="checkbox"/>
*14. Sexual partner/spouse	<input type="checkbox"/>	<input type="checkbox"/>
*15. Children	<input type="checkbox"/>	<input type="checkbox"/>
*16. Other significant family	<input type="checkbox"/>	<input type="checkbox"/>
*17. Close friends	<input type="checkbox"/>	<input type="checkbox"/>
*18. Neighbors	<input type="checkbox"/>	<input type="checkbox"/>
*19. Co-workers	<input type="checkbox"/>	<input type="checkbox"/>

FOR QUESTIONS 20-23 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

How troubled or bothered have you been in the past 30 days by these:

20. Family problems?

21. Social problems?

How important to you now is treatment or counseling for these:

22. Family problems?

23. Social problems?

**INTERVIEWER SEVERITY RATING**

24. How would you rate the patient's need for family and/or social counseling?

**CONFIDENCE RATINGS**

Is the above information significantly distorted by:

25. Patient's misrepresentation?

26. Patient's inability to understand?

0 - No    1 - Yes

CARD 6 80

COMMENTS

\*1. How many times have you been treated for any psychological or emotional problems?  
In a hospital    
As an Opt. or Priv. patient

2. Do you receive a pension for a psychiatric disability?

0 - No    1 - Yes

Have you had a significant period, (that was not a direct result of drug/alcohol use), in which you have:

0 - No    1 - Yes

	PAST 30 DAYS	IN YOUR LIFE
*3. Experienced serious depression	<input type="checkbox"/>	<input type="checkbox"/>
*4. Experienced serious anxiety or tension	<input type="checkbox"/>	<input type="checkbox"/>
*5. Experienced hallucinations	<input type="checkbox"/>	<input type="checkbox"/>
*6. Experienced trouble understanding, concentrating or remembering	<input type="checkbox"/>	<input type="checkbox"/>
*7. Experienced trouble controlling violent behavior	<input type="checkbox"/>	<input type="checkbox"/>
*8. Experienced serious thoughts of suicide	<input type="checkbox"/>	<input type="checkbox"/>
*9. Attempted suicide	<input type="checkbox"/>	<input type="checkbox"/>
*10. Have you taken prescribed medication for any psychological/emotional problem	<input type="checkbox"/>	<input type="checkbox"/>

**PSYCHOLOGICAL STATUS**

11. How many days in the past 30 have you experienced these psychological or emotional problems?

FOR QUESTIONS 12 & 13 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

12. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?

13. How important to you now is treatment for these psychological problems?

THE FOLLOWING ITEMS ARE TO BE COMPLETED BY THE INTERVIEWER

At the time of this interview, is patient:

0 - No    1 - Yes

14. Obviously depressed/withdrawn

15. Obviously hostile

16. Obviously anxious/nervous

17. Having trouble with reality testing, thought disorders, paranoid thinking

18. Having trouble comprehending, concentrating, remembering

19. Have suicidal thoughts

**INTERVIEWER SEVERITY RATING**

20. How would you rate the patient's need for psychiatric/psychological treatment?

**CONFIDENCE RATINGS**

Is the above information significantly distorted by:

21. Patient's misrepresentation?

0 - No    1 - Yes

22. Patient's inability to understand?

0 - No    1 - Yes

CARD 7 80

COMMENTS

## PATIENT EVALUATION OF TREATMENT PROGRAM

- Authors:** D. Paul Moberg and William S. Zuppek
- Assessment Areas Covered:** Client satisfaction, alcohol consumption, drug use, demographics, substance use, perceptions and plans
- Administration:** Self-administered, at or near the time of discharge,  $\pm$  2 days
- Design Features:** 86 items, multiple-choice, 5-point scale
- Abstract:** This questionnaire covers aspects of the treatment program deemed relevant by clinical staff members of the dePaul Rehabilitation Hospital. It is a modified version of that used by Gargevich et al. (1974). Used routinely in the hospital's program, it takes the form of a structured questionnaire completed by patients shortly before discharge. Patients are asked to rate each item on a 5-point Likert-type scale from "very unsatisfactory" (value of 1) to "very satisfactory" (value of 5). Areas covered include: admission procedures, hospital rules and their enforcement, services provided by nursing and medical staff, relationships with the assigned alcoholism counselor and caseload team, each discrete aspect of the treatment program (e.g., AA orientations, group therapy, individual counseling, educational seminars, social activities), environmental and support services, and spiritual care. Patients also are asked to choose the "most" and "least" helpful elements of the program for them, to give some basic demographic data, and to answer several self-perceptual and attitudinal questions regarding their alcohol problems. To preserve anonymity and minimize distorted responses, locked boxes are provided for the deposit of completed questionnaires; signature is optional.
- Reports on accumulated responses are prepared semiannually. Responses for each 6-month period are compared to monitor changes. Analyses of these data have taken several forms. Items have been examined individually, considering the frequencies with which each response category (on the 5-point scale from "very unsatisfactory" to "very satisfactory") was endorsed. Mean response to each item was considered as an index of satisfaction with the area in question. Using individual item analysis, the various aspects of the treatment program have been ranked from the patients' point of view, and staff members are potentially able to determine problematic aspects of their service, take corrective action, and monitor future responses.
- Related Published Reports:** Moberg, D.P. Consumer evaluation of an alcoholism treatment program. Currents in Alcoholism, 2:525-534, 1977.
- Moberg, D.P., and Zuppek, W.S. "Consumer Satisfaction Studies: Quantitative and Qualitative Alternatives." Paper presented at the 1978 Evaluation Research Society Meeting, unpublished.
- Gargevich, S.; Petroni, F.A.; and Beigel, A. "Overview of an Evaluation to Assess the Therapeutic Effectiveness of a Psychiatric Halfway House Program." Paper presented at the National Conference on Evaluation in Alcoholism, Drug Abuse, and Mental Health Programs, Washington, D.C., 1974.
- Availability Source:** dePaul Rehabilitation Hospital, 4143 South 13th Street, Milwaukee, Wisconsin 53221, Attention: William S. Zuppek



DE PAUL REHABILITATION HOSPITAL  
Patient Evaluation of Treatment Program

While you have been here as a patient, there have been many times when staff members "evaluated" your progress. This is your chance to evaluate us. Please fill out this questionnaire as honestly and accurately as you can. Your ratings, as well as any comments you may care to make, will help us to evaluate how we are doing in providing a comprehensive treatment and rehabilitation program, and will help show us the areas in which we need to make improvements. All information will remain anonymous, and will help show us the areas in which we need to make improvements. All information will remain anonymous, and will be used only to evaluate the treatment program. No identifying information will be released. Your signature is optional.

RATE EACH OF THE FOLLOWING CHARACTERISTICS OF THE TREATMENT PROGRAM USING THE SCALE BELOW

0 Not Applicable	1 Very Unsatisfactory	2 Unsatisfactory	3 Only Somewhat Satisfied	4 Satisfactory	5 Very Satisfactory
------------------------	-----------------------------	---------------------	------------------------------------	-------------------	---------------------------

PLACE THE APPROPRIATE NUMBER IN THE BOX FOLLOWING EACH CHARACTERISTIC. MAKE ANY COMMENTS YOU MAY HAVE BETWEEN QUESTIONS. USE "0" (not applicable) IF YOU DID NOT RECEIVE THE SERVICE ASKED ABOUT.

1. Admission procedures (promptness, efficiency, graciousness).  
Comments:
  
2. Explanation of the hospital program to you at admission.  
Comments:
  
3. Courtesy and helpfulness of the nursing staff upon your admission.  
Comments:
  
4. Clearness with which rules, regulations, and procedures were defined in the information packet you received at admission.  
Comments:
  
5. Did you understand the meaning of the consent forms you were asked to sign at the time of your initial meeting with your counselor? (PLACE THE NUMBER IN THE BOX) 
  - 1 = Not at all
  - 2 = Only a little
  - 3 = For the most part
  - 4 = Completely
  
6. The usefulness of the patient orientation session to explain hospital rules and programs, and answer your questions.   
Comments:

0 Not Applicable	1 Very Unsatisfactory	2 Unsatisfactory	3 Only Somewhat Satisfied	4 Satisfactory	5 Very Satisfactory
------------------------	-----------------------------	---------------------	------------------------------------	-------------------	---------------------------

7. Rate the hospital's rules on the following characteristics:
- A. Fairness and adequacy of the rules themselves.
- B. Adequacy with which they were explained.
- C. Fairness and consistency with which they were enforced.
- Comments:
8. How often did you find that the rules were broken to a significant degree: (Place the number in the box).
- 1 = Very often  
2 = Often  
3 = Sometimes  
4 = Rarely  
5 = Never
- Comments: (give specific examples):
9. How much drug/alcohol use was going on in the hospital while you were here?
- 1 = Not aware of any use  
2 = Vague rumors of some use  
3 = Knew or heard of 1-2 patients that used  
4 = Knew or heard of 3-6 patients that used  
5 = Knew or heard of 7-10 patients that used  
6 = Knew or heard of more than 10 patients that used
- Comments: (give specific examples).
10. Nursing staff (aides, orderlies, nurses):
- A. Skill in giving you personal care
- B. Interest in you as a person
- C. Promptness and efficiency in caring for your needs
- Comments:
11. Were you seen by a physician early in your hospitalization? (1=yes, 2=no)
12. Medical doctor's services:
- A. Adequacy of service
- B. Availability of service
- C. Helpfulness of periodic doctor's visits
- Comments:

0 Not Applicable	1 Very Unsatisfactory	2 Unsatisfactory	3 Only Somewhat Satisfied	4 Satisfactory	5 Very Satisfactory
------------------------	-----------------------------	---------------------	------------------------------------	-------------------	---------------------------

13. To whose caseload were you assigned? (Place the appropriate number in the boxes)

--	--

- |                     |                           |
|---------------------|---------------------------|
| 01=Pam Jenks        | 08=Tony Breitchaft        |
| 02=Jerry Flanagan   | 09=Don Jasper             |
| 03=Bev Beckmann     | 10=Ruth Kempf             |
| 04=Patty Rabideaux  | 11=Pete Whipp             |
| 05=Ken Hickok       | 12=Clara Gonia            |
| 06=Lillie McClinton | 13=Betsy Freuler          |
| 07=Nancy Olson      | 14=Ed Carson              |
|                     | 15=Other (Please specify) |

14. Rate your counselor concerning:

- |                                                                              |                                                         |
|------------------------------------------------------------------------------|---------------------------------------------------------|
| A. His or her understanding of you                                           | <input style="width: 20px; height: 20px;" type="text"/> |
| B. Your overall relationship with him or her                                 | <input style="width: 20px; height: 20px;" type="text"/> |
| C. His or her protection of confidential personal information about yourself | <input style="width: 20px; height: 20px;" type="text"/> |

Comments:

15. Rate each of the following aspects of the treatment program:

- |                                                                         |                                                         |
|-------------------------------------------------------------------------|---------------------------------------------------------|
| A. AA/NA Orientation                                                    | <input style="width: 20px; height: 20px;" type="text"/> |
| B. Educational Seminars (8:00-8:45 a.m.)                                | <input style="width: 20px; height: 20px;" type="text"/> |
| C. Group Therapy                                                        | <input style="width: 20px; height: 20px;" type="text"/> |
| D. Individual Counseling                                                | <input style="width: 20px; height: 20px;" type="text"/> |
| E. Spiritual Care (religious services, counseling from chaplains, etc.) | <input style="width: 20px; height: 20px;" type="text"/> |
| F. Occupational Therapy                                                 | <input style="width: 20px; height: 20px;" type="text"/> |
| G. Recreational Activities (free-time)                                  | <input style="width: 20px; height: 20px;" type="text"/> |
| H. Community Outings                                                    | <input style="width: 20px; height: 20px;" type="text"/> |
| I. Medical (doctor's) Care                                              | <input style="width: 20px; height: 20px;" type="text"/> |
| J. Nursing Care                                                         | <input style="width: 20px; height: 20px;" type="text"/> |
| K. Work with your family                                                | <input style="width: 20px; height: 20px;" type="text"/> |
| L. AA/NA Beginners classes (Saturday 10 a.m. group)                     | <input style="width: 20px; height: 20px;" type="text"/> |
| M. AA/NA Step Groups                                                    | <input style="width: 20px; height: 20px;" type="text"/> |
| N. Relaxation Therapy                                                   | <input style="width: 20px; height: 20px;" type="text"/> |
| O. Men's Group                                                          | <input style="width: 20px; height: 20px;" type="text"/> |
| P. Women's Group                                                        | <input style="width: 20px; height: 20px;" type="text"/> |
| Q. Exercise Group                                                       | <input style="width: 20px; height: 20px;" type="text"/> |
| R. Video Tape Therapy                                                   | <input style="width: 20px; height: 20px;" type="text"/> |
| S. Older Adults Group                                                   | <input style="width: 20px; height: 20px;" type="text"/> |

0 Not Applicable	1 Very Unsatisfactory	2 Unsatisfactory	3 Only Somewhat Satisfied	4 Satisfactory	5 Very Satisfactory
------------------------	-----------------------------	---------------------	------------------------------------	-------------------	---------------------------

16. Rate the services you received from these departments:

- A. Cafeteria staff service - friendliness, courtesy, etc.
- B. Cafeteria food - quality, quantity, variety, etc.
- C. Housekeeping
- D. Vending machine service
- E. Business Office (financial arrangements for your hospitalization)
- F. Switchboard/telephone service
- G. Patient rooms (furnishing, drapes, heat, paint, etc.)

Comments:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

17. Visiting

- A. Hours (adequacy and scheduling)
- B. Areas designated for visiting

Comments:

<input type="checkbox"/>
<input type="checkbox"/>

18. The family oriented programs of the hospital

- A. Adequacy of explanation of family services
- B. Promptness of staff in contacting your family
- C. Inpatient family counseling
- D. Meaningfulness of family services
- E. Family Day (if you attended)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

19. Availability of meaningful things to do in your free time.

Comments:

<input type="checkbox"/>
--------------------------

20. Rate the spiritual care you received:

- A. Religious services (chapel)
- B. Spiritual counseling
- C. Fifth Step interview with clergy staff

Comments:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

21. Rate how useful audio visual aids were for you in classroom or group situations.

Comments:

<input type="checkbox"/>
--------------------------

22. Rate how well the staff listened to you when developing treatment/discharge plans.

<input type="checkbox"/>
--------------------------

0 Not Applicable	1 Very Unsatisfactory	2 Unsatisfactory	3 Only Somewhat Satisfied	4 Satisfactory	5 Very Satisfactory
------------------------	-----------------------------	---------------------	------------------------------------	-------------------	---------------------------

23. Which one part of the program do you feel was most helpful to you?  
(Choose the number from the list below and place in box)

- 1 = AA/NA orientation and "rap" groups
- 2 = Educational seminars
- 3 = Group therapy
- 4 = Individual counseling
- 5 = Special interest groups
- 6 = Spiritual counseling
- 7 = Informal discussion and contacts with fellow patients
- 8 = Family counseling
- 9 = Occupational therapy

24. Which one part of the program do you feel was least helpful to you?

- 1 = AA/NA orientation and "rap" groups
- 2 = Educational seminars
- 3 = Group therapy
- 4 = Individual counseling
- 5 = Special interest groups
- 6 = Spiritual counseling
- 7 = Informal discussion and contacts with fellow patients
- 8 = Family counseling
- 9 = Occupational therapy

25. Discharge recommendations:

- A. Your counselor's explanation of them.
- B. The appropriateness of the recommendations for you.

Comments:

26. As you leave Inpatient treatment, how satisfied are you with any plans you've developed for spending your leisure time? (Not applicable in this case means you haven't made any plans for leisure time.)

27. To what extent would you say your De Paul inpatient treatment helped you to put together a plan for good use of your leisure time after your hospital discharge. (Place the number in the box.)

- 0 = Not applicable - have made no plans for leisure time.
- 1 = Treatment was of no help, made my own plans.
- 2 = Treatment was of very little help in making plans for leisure time.
- 3 = Treatment was of some help in making plans for leisure time.
- 4 = Treatment was a great help in making plans for leisure time.

28. Judging from your experiences with the way time was scheduled and used in the total hospital program, do you think you could best get the full benefit of the program: (Place the number in the box.)

- 1. In a much longer stay at the hospital.
- 2. In a slightly longer stay at the hospital.
- 3. In about the same amount of time.
- 4. In a slightly shorter stay at the hospital.
- 5. In a much shorter stay at the hospital.

Comments:

0	1	2	3	4	5
Not Applicable	Very Unsatisfactory	Unsatisfactory	Only Somewhat Satisfied	Satisfactory	Very Satisfactory

29. Do you think you could best get the full benefit of the program if Saturday programming was: (Place number in the box.)

- 1 = Much more intense
- 2 = Slightly more intense
- 3 = About the same as it is now
- 4 = Slightly less intense
- 5 = Much less intense

30. Do you think you could best get the full benefit of the program if Sunday programming was: (Place number in the box.)

- 1 = Much more intense
- 2 = Slightly more intense
- 3 = About the same as it is now
- 4 = Slightly less intense
- 5 = Much less intense

31. Do you think you could best get the full benefit of the program if Evening programming was: (Place number in the box.)

- 1 = Much more intense
- 2 = Slightly more intense
- 3 = About the same as it is now
- 4 = Slightly less intense
- 5 = Much less intense

32. In general, how would you rate the hospital's staff on their fairness, honesty, and respect for you as a person"   
Comments:

33. In general, how would you rate your entire hospital experience?   
Comments:

34. Having gone through the program, what are your drinking/drug use plans for the future? (Place the number in the box.)

- 1 = To continue as before
- 2 = To cut down a little
- 3 = To control my drinking
- 4 = To maintain total abstinence

35. Which of the following is closest to the way you viewed your drinking before coming to De Paul?

- 1 = Social drinking
- 2 = Heavy drinking
- 3 = Problem drinking
- 4 = Alcoholic drinking

36. Since going through this program, which is closest to the way you now view your past drinking? (Place a number in the box.)

- 1 = Social drinking
- 2 = Heavy drinking
- 3 = Problem drinking
- 4 = Alcoholic drinking

0	1	2	3	4	5
Not Applicable	Very Unsatisfactory	Unsatisfactory	Only Somewhat Satisfied	Satisfactory	Very Satisfactory

37. A. Before admission, my view of my use (if applicable) of other drugs was that I: (Place the number in the box.)

- 0 = Did not use other drugs
- 1 = Only used other drugs rarely
- 2 = Only used other drug occasionally
- 3 = Used other drugs frequently
- 4 = Used other drugs very extensively

B. Prior to your admission to De Paul, did you consider your use of other drugs to be:

- 0 = Did not use other drugs
- 1 = No problem
- 2 = Minor problem
- 3 = Moderate problem
- 4 = Serious problem

C. Since going through this program, how do you now consider your past use of other drugs?

- 0 = Did not use other drugs
- 1 = No problem
- 2 = Minor problem
- 3 = Moderate problem
- 4 = Serious problem

We would like to know if persons with different characteristics (e.g., men vs. women, older vs. younger, married vs. single) feel differently about certain aspects of the program. To help us find this out, please answer the following questions about yourself. Place the number of the response which best fits your situation in the box to the right of the question.

38. Your sex:

- 1 = Male
- 2 = Female

39. Your age: (place one digit in each box).

40. How many times have you been admitted to De Paul (including this time).

41. How many days have you been in the hospital so far during your stay?

42. What is your marital status?

- 1 = Never married
- 2 = Married
- 3 = Separated
- 4 = Divorced
- 5 = Widowed

0	1	2	3	4	5
Not Applicable	Very Unsatisfactory	Unsatisfactory	Only Somewhat Satisfied	Satisfactory	Very Satisfactory

43. What is the highest level of education you completed?

- 1 = Some grade school
- 2 = Grade school
- 3 = Some high school
- 4 = High school graduate
- 5 = Some college, business, or technical school
- 6 = College graduate
- 7 = Graduate degree

44. OPTIONAL: Your heritage:

- 1 = White
- 2 = Black
- 3 = American Indian
- 4 = Latin American  
(Chicano, Latino)
- 5 = Asian
- 6 = Other

Your Name (optional) \_\_\_\_\_

THANKS FOR YOUR COOPERATION. Please feel free to comment or make suggestions on reverse side.



## BACKGROUND INFORMATION FORM AND FOLLOW-UP INFORMATION FORM

- Author: Rudolf H. Moos
- Assessment Areas Covered: Alcohol consumption quantity/frequency, family drinking history, feelings about self, behavioral aspects of drinking, diagnosis
- Administration: Self-administered, at intake and followup
- Design Features: Primarily multiple-choice questions
- Abstract: These two companion forms were designed to evaluate the alcoholism treatment program at the Palo Alto Veterans Administration Hospital. The Background Information form has 37 questions and is given at intake. The Follow-Up Information Form has 25 questions and is sent to the client by mail after discharge. Both forms elicit information about behavior, feelings, and alcohol consumption.
- Related Published Reports: None
- Availability Source: Rudolf H. Moos, Ph.D., Director, Social Ecology Laboratory, Veterans Administration Hospital, 3801 Miranda, Building 4, Room B-116, Palo Alto, California 94304

BACKGROUND INFORMATION FORM

SOCIAL ECOLOGY LABORATORY  
Veterans Administration Hospital  
3801 Miranda, Bldg. 4, Rm. B-116  
Palo Alto, California 94304

PERSONAL INFORMATION

A. Address and Relatives

Your Name \_\_\_\_\_ Date \_\_\_\_\_  
 Name of Program \_\_\_\_\_ Code \_\_\_\_\_  
 Your Home Address \_\_\_\_\_  
 \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

At what address do you expect to be after you leave this program?

Number and Street \_\_\_\_\_  
 City and State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

What relatives or friends could forward mail to you after you leave this program?

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Number and Street \_\_\_\_\_  
 City and State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Number and Street \_\_\_\_\_  
 City and State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

B. Occupational History

1. Please list your occupational history for the past 3 years (include student, housewife, retired, disabled, unemployed, etc.)

<u>From-To</u> <u>(Mo/Yr)</u>	<u>Occupation</u> <u>(if employed, specify type of work)</u>	<u>Hours</u> <u>per week</u>	<u>Weekly</u> <u>Income</u>
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____

C. Previous Treatment Experiences

2. Please list all of your alcohol-related treatment experiences (hospitalizations, counselling, AA meetings, etc.) for the last 3 years, excluding the present program.

<u>Date</u> <u>Entered</u> <u>(Mo/Yr)</u>	<u>Length</u> <u>of</u> <u>Stay</u>	<u>Name</u> <u>of</u> <u>Program</u>	<u>Your Status</u> <u>(e.g., in-patient</u> <u>out-patient, etc.)</u>	<u>Type of Treatment</u> <u>(e.g., group therapy,</u> <u>individual counselling,</u> <u>behavior conditioning,</u> <u>medical, detox, etc.)</u>
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____

For the remainder of the questions on this form, circle the number that corresponds to your answer.

**D. Background Information**

- 3. Your Age (1) 18-29 (2) 30-39 (3) 40-49 (4) 50-59 (5) 60 or over (55)
- 4. Sex (1) Male (2) Female (56)
- 5. Religion (1) Catholic (2) Jewish (3) Protestant (4) Other (5) None (57)
- 6. Ethnicity (1) Black (2) Mexican-American (3) Oriental (4) White (5) Other (58)

**II FAMILY HISTORY**

**A. Marital History**

- 7. Marital Status (1) Divorced/Annulled (2) Married (3) Separated (4) Single (5) Widowed (59)
- 8. Number of Times Married (1) None (2) Once (3) Twice (4) 3 times (5) Over 3 times (60)
- 9. Length of Current Marriage (1) Under 1 year (2) 1-3 years (3) 4-6 years (4) 7-10 years (5) Over 10 years (61)
- 10. Number of Children (1) None (2) 1-2 (3) 3-4 (4) 5-6 (5) Over 6 (62)

**B. Family History**

- 11. No. of brothers and sisters (1) None (2) One (3) 2-3 (4) 4-6 (5) Over 6 (63)
- 12. Age when independent from family (1) 14-16 (2) 17-18 (3) 19-21 (4) 21-25 (5) Over 25 (64)
- 13. Age at first drink..... (1) 15-20 (2) 21-25 (3) 26-30 (4) 31-35 (5) Over 35 (65)
- 14. Age when you first drank to get drunk or escape a problem..... (1) (2) (3) (4) (5) (66)
- 15. Age when you recognized your drinking as a significant problem..... (1) (2) (3) (4) (5) (67)

**C. Residence Information**

- 16. Length of stay at your most recent residence (1) Under 3 months (2) 3 months-1 year (3) 1-2 years (4) 2-4 years (5) Over 4 years (68)
- 17. Type of residence (1) Own home (2) Rent house (3) Apartment (4) Rent room (5) Live with family or friends (69)

**III EDUCATION AND FINANCIAL STATUS**

- 18. Highest grade completed (1) 1-8th grade (2) 9-12th grades (3) Vocational or some college (4) College graduate (5) Graduate school (70)
- 19. Total Income last 12 months (1) Under \$3,000 (2) \$3,000-\$6,000 (3) \$6,000-\$10,000 (4) \$10,000-\$15,000 (5) Over \$15,000 ( 1)

IV SOCIAL AND RECREATIONAL ACTIVITIES

20. How often did you engage in these activities during the month before entering this program?

	<u>Never</u>	<u>Seldom</u>	<u>Occasionally</u>	<u>Frequently</u>	<u>Often</u>
Working on hobbies.....	1	2	3	4	5 (2)
Attending parties .....	1	2	3	4	5 (3)
Watching television.....	1	2	3	4	5 (4)
Reading (any type).....	1	2	3	4	5 (5)
Spending time with close friends...	1	2	3	4	5 (6)
Going to bars .....	1	2	3	4	5 (7)
Sports (participant) .....	1	2	3	4	5 (8)
Church attendance .....	1	2	3	4	5 (9)
Attending cultural events .....	1	2	3	4	5 (10)
Community activities .....	1	2	3	4	5 (11)

V LEGAL HISTORY

	<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four or more</u>	<u>None</u>
21. Number of arrests <u>last year</u> ?	1	2	3	4	5 (12)
22. How many resulted in conviction?	1	2	3	4	5 (13)
23. Number of arrests for drinking while driving <u>last year</u> ?	1	2	3	4	5 (14)
24. Number of arrests for drinking, <u>not</u> related to driving <u>last year</u> ?	1	2	3	4	5 (15)

VI HEALTH AIDS AND DRUGS

25. How often did you use the following in the month before entering this program?

	<u>Never</u>	<u>Seldom</u>	<u>Occasionally</u>	<u>Frequently</u>	<u>Often</u>
Aspirin .....	1	2	3	4	5 (16)
Sleeping pills .....	1	2	3	4	5 (17)
Tranquilizers .....	1	2	3	4	5 (18)
Vitamins .....	1	2	3	4	5 (19)
Stomach medicine .....	1	2	3	4	5 (20)
Tonics .....	1	2	3	4	5 (21)
Coffee .....	1	2	3	4	5 (22)
Tobacco .....	1	2	3	4	5 (23)
Marijuana .....	1	2	3	4	5 (24)
Psychedelic drugs .....	1	2	3	4	5 (25)
Amphetamines .....	1	2	3	4	5 (26)
Barbiturates .....	1	2	3	4	5 (27)

DRINKING BEHAVIOR

A. Personal Drinking Behavior

26. How often did you experience the following during the month before you entered this program?

	<u>Never</u>	<u>Seldom</u>	<u>Occasionally</u>	<u>Frequently</u>	<u>Often</u>
Missed meals due to drinking.....	1	2	3	4	5 (28)
Drank while on the Job.....	1	2	3	4	5 (29)
Missed work because of drinking.....	1	2	3	4	5 (30)
Got drunk.....	1	2	3	4	5 (31)
D.T.s, shakes, or withdrawal symptoms.	1	2	3	4	5 (32)
Had memory lapses or "blackouts".....	1	2	3	4	5 (33)
Had dry heaves or cold sweat.....	1	2	3	4	5 (34)
Had quarrels while drinking.....	1	2	3	4	5 (35)
Had difficulty sleeping.....	1	2	3	4	5 (36)
Had hallucinations or vague fears.....	1	2	3	4	5 (37)
Had a severe hangover.....	1	2	3	4	5 (38)
Felt nervous or tense.....	1	2	3	4	5 (39)
Had an upset stomach.....	1	2	3	4	5 (40)
Had headaches.....	1	2	3	4	5 (41)
Had dizzy spells.....	1	2	3	4	5 (42)

27. How often in the month before you entered this program did you....

	1	2	3	4	5
drink in the morning.....	1	2	3	4	5 (43)
drink at home.....	1	2	3	4	5 (44)
drink at work.....	1	2	3	4	5 (45)
drink at bars.....	1	2	3	4	5 (46)
drink at parties.....	1	2	3	4	5 (47)
drink during the week days.....	1	2	3	4	5 (48)
drink during weekends.....	1	2	3	4	5 (49)
drink alone.....	1	2	3	4	5 (50)
drink with friends.....	1	2	3	4	5 (51)
drink with strangers.....	1	2	3	4	5 (52)

28. What was the largest amount of alcohol you drank in one day during the month before you entered this program?

	<u>None</u>	<u>Under One</u>	<u>One-Two</u>	<u>Two-Three</u>	<u>Three-Four</u>	<u>Five or more</u>
Beer ( <u>quarts</u> ).....	<input type="checkbox"/>	1	2	3	4	5 (53)
Wine ( <u>fifths</u> ).....	<input type="checkbox"/>	1	2	3	4	5 (54)
Hard liquor ( <u>pints</u> ).....	<input type="checkbox"/>	1	2	3	4	5 (55)

29. How much did you usually drink at a time during the month before you entered?

Beer ( <u>quarts</u> ).....	<input type="checkbox"/>	1	2	3	4	5 (56)
Wine ( <u>fifths</u> ).....	<input type="checkbox"/>	1	2	3	4	5 (57)
Hard liquor ( <u>pints</u> ).....	<input type="checkbox"/>	1	2	3	4	5 (58)

30. Overall, how would you describe your drinking pattern for the month before you entered this program?
- (1) Never drank                      (2) Special occasions only                      (3) Social drinking                      (4) Occasional binges                      (5) Daily drinking (59)
31. How would you rate your drinking problem?
- (1) No problem                      (2) Rarely a problem                      (3) Sometimes a problem                      (4) Often a problem                      (5) Quite often a problem (60)
32. Longest period you were in control of your drinking problem last year?
- (1) Under 2 weeks                      (2) 2-4 weeks                      (3) 1-2 months                      (4) 2-4 months                      (5) Over 4 months (61)
33. How many bars and liquor stores are there within walking distance of your residence?
- (1) None                      (2) One or two                      (3) Several                      (4) Quite a few                      (5) Don't know (62)

B. Drinking Behavior of Family and Friends

34. What drinking patterns do each of the following people have? (Answer for the one who drinks the most)

	<u>Never drink</u>	<u>Drink only on special occasions</u>	<u>Social drinking only</u>	<u>Go on occasional binges</u>	<u>Drink daily</u>	<u>If this person lives with you, circle here</u>	
Father.....	1	2	3	4	5	6	(63)
Mother.....	1	2	3	4	5	6	(64)
Spouse.....	1	2	3	4	5	6	(65)
Son.....	1	2	3	4	5	6	(66)
Daughter.....	1	2	3	4	5	6	(67)
Brother.....	1	2	3	4	5	6	(68)
Sister.....	1	2	3	4	5	6	(69)
Other relatives.....	1	2	3	4	5	6	(70)
Friends.....	1	2	3	4	5	6	( 1)
Neighbors.....	1	2	3	4	5	6	( 2)
Work associates.....	1	2	3	4	5	6	( 3)

(Continued)

VI SELF-DESCRIPTIONS AND FEELINGS

35. Listed below are some adjectives people use to describe themselves. Please look at each one and indicate how well that term describes the way you see yourself: not at all, slightly, somewhat, fairly well, or quite accurately.

	<u>Not at all</u>	<u>Slightly</u>	<u>Some- what</u>	<u>Fairly well</u>	<u>Quite accurately</u>	
Aggressive .....	1	2	3	4	5	(4)
Ambitious .....	1	2	3	4	5	(5)
Calm .....	1	2	3	4	5	(6)
Confident .....	1	2	3	4	5	(7)
Desperate .....	1	2	3	4	5	(8)
Dominant .....	1	2	3	4	5	(9)
Easy going .....	1	2	3	4	5	(10)
Energetic .....	1	2	3	4	5	(11)
Happy .....	1	2	3	4	5	(12)
Outgoing .....	1	2	3	4	5	(13)
Pessimistic .....	1	2	3	4	5	(14)
Rebellious .....	1	2	3	4	5	(15)
Successful .....	1	2	3	4	5	(16)

36. Below is a list which describes some of the ways people feel at different times. Please tell us how often you felt like this during the past month.

<u>Feeling</u>	<u>Never</u>	<u>Seldom</u>	<u>Occasion- ally</u>	<u>Fre- quently</u>	<u>Often</u>	
On top of the world .....	1	2	3	4	5	(17)
Very lonely or remote from other people	1	2	3	4	5	(18)
Angry at some minor frustration.....	1	2	3	4	5	(19)
That you just couldn't get going.....	1	2	3	4	5	(20)
Particularly excited about something...	1	2	3	4	5	(21)
Depressed or very unhappy.....	1	2	3	4	5	(22)
Pleased about accomplishing something..	1	2	3	4	5	(23)
Bored .....	1	2	3	4	5	(24)
So restless you couldn't sit still long.	1	2	3	4	5	(25)
That you had far too much to do.....	1	2	3	4	5	(26)
Vaguely uneasy without quite knowing why .....	1	2	3	4	5	(27)
Relaxed and comfortable .....	1	2	3	4	5	(28)
In control of your life .....	1	2	3	4	5	(29)
Wanting to do something mischievous....	1	2	3	4	5	(30)

37. Below is a list of experiences some people have. Read each statement and think for a minute about whether you had the experience in the past month. Circle the number under the response which best describes how often the statement was true for you last month.

	<u>Never</u>	<u>Rarely</u>	<u>Some- times</u>	<u>Often</u>	<u>Quite Often</u>	
Had thoughts about doing things that would not be approved by others .....	1	2	3	4	5	(31)
Felt like going "raging" or troublemaking for kicks .....	1	2	3	4	5	(32)
Drank alcohol to relax and "get away from it all" .....	1	2	3	4	5	(33)
Knew you could get away with something without being caught .....	1	2	3	4	5	(34)
Felt you could go somewhere or do something where you could be at ease and relaxed from worries and pressures .....	1	2	3	4	5	(35)
Considered yourself part of a regular drinking gang .....	1	2	3	4	5	(36)
Felt uneasy if a friend boasted or cautioned you about your drinking behavior.....	1	2	3	4	5	(37)
Felt you knew where you wanted to go in life..	1	2	3	4	5	(38)
Felt you had no effective way to express your feelings and to release tensions (when not drinking) .....	1	2	3	4	5	(39)
Felt anxiousness or stress about your condition in life .....	1	2	3	4	5	(40)
Felt your friends were mostly just people you ended up hanging around with.....	1	2	3	4	5	(41)
Felt that you were getting all that you wanted out of life.....	1	2	3	4	5	(42)



SOCIAL ECOLOGY LABORATORY FOLLOW-UP INFORMATION FORM

Veterans Administration Hospital

3801 Miranda Bldg. 4, Rm. B-116

Palo Alto, California 94304

Date \_\_\_\_\_

Dear \_\_\_\_\_,

Last \_\_\_\_\_, when you were a resident at \_\_\_\_\_, we went over this follow-up questionnaire with you and told you we'd be sending this to you in a few months.

We'd like to know how you're feeling and what you've been doing since you left our program. We're trying to do a better job of helping people deal with their alcohol problems, and your comments on this questionnaire will help us understand how effective our program is and how we can improve it. As you know all information you report is strictly confidential, and we'll be looking only at the group results of our past residents.

It's important that you answer every question carefully and return this questionnaire right away. We've enclosed a stamped return envelope for your convenience.

Thank you for helping us.

1 PERSONAL INFORMATION

1. Please list your occupational history since you left the treatment program (include student, housewife, retired, disabled, unemployed, etc.).

<u>From-To</u> <u>(Mo/Yr)</u>	<u>Occupation</u> <u>(if employed, specify type of work)</u>	<u>Hours</u> <u>per week</u>	<u>Weekly</u> <u>Income</u>
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

2. Please list all of your alcohol related treatment experiences (hospitalizations, counselling, AA meetings, etc.) since the date you left this program.

<u>Date</u> <u>Entered</u> <u>(Mo/Yr)</u>	<u>Length</u> <u>of</u> <u>Stay</u>	<u>Name</u> <u>of</u> <u>Program</u>	<u>Your Status</u> <u>(e.g., in-patient</u> <u>out-patient, etc.)</u>	<u>Type of Treatment</u> <u>(e.g., group therapy</u> <u>individual counselling,</u> <u>behavior conditioning,</u> <u>detox, medical, etc.)</u>
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____

For the remainder of the questions on this form, circle the number that corresponds to your answer.

3. Marital Status (1) Divorced/ Annulled (2) Married (3) Separated (4) Single (5) Widowed (59)
4. Length of stay at your most recent residence (1) Under 3 months (2) 3 months to 1 year (3) 1-2 years (4) 2-4 years (5) Over 4 years (68)
5. Type of residence (1) Own home (2) Rent house (3) Apartment (4) Rent room (5) Live with family or friends (69)
6. Total income since you left the program (1) Under \$3,000 (2) \$3,000-\$6,000 (3) \$6,000-\$10,000 (4) \$10,000-\$15,000 (5) Over \$15,000 (1)

II SOCIAL AND RECREATIONAL ACTIVITIES

7. How often did you engage in these activities during the last month?

	<u>Never</u>	<u>Seldom</u>	<u>Occasionally</u>	<u>Frequently</u>	<u>Often</u>
Working on hobbies.....	1	2	3	4	5 (2)
Attending parties.....	1	2	3	4	5 (3)
Watching television.....	1	2	3	4	5 (4)
Reading (any type).....	1	2	3	4	5 (5)
Spending time with close friends..	1	2	3	4	5 (6)
Going to bars.....	1	2	3	4	5 (7)
Sports (participant).....	1	2	3	4	5 (8)
Church attendance.....	1	2	3	4	5 (9)
Attending cultural events.....	1	2	3	4	5 (10)
Community activities.....	1	2	3	4	5 (11)

III LEGAL HISTORY

	<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four or more</u>	<u>None</u>
8. Number of arrests since you left the program?	1	2	3	4	5 (12)
9. How many resulted in conviction?	1	2	3	4	5 (13)
10. Number of arrests for drinking while driving since you left the program?	1	2	3	4	5 (14)
11. Number of arrests for drinking, <u>not</u> related to driving since you left the program?	1	2	3	4	5 (15)

IV HEALTH AIDS AND DRUGS

12. How often did you use the following last month?

	<u>Never</u>	<u>Seldom</u>	<u>Occasionally</u>	<u>Frequently</u>	<u>Often</u>
Aspirin.....	1	2	3	4	5 (16)
Sleeping pills.....	1	2	3	4	5 (17)
Tranquilizers.....	1	2	3	4	5 (18)
Vitamins.....	1	2	3	4	5 (19)
Stomach medicine.....	1	2	3	4	5 (20)
Tonics.....	1	2	3	4	5 (21)
Coffee.....	1	2	3	4	5 (22)
Tobacco.....	1	2	3	4	5 (23)
Marijuana.....	1	2	3	4	5 (24)
Psychedelic drugs.....	1	2	3	4	5 (25)
Amphetamines.....	1	2	3	4	5 (26)
Barbiturates.....	1	2	3	4	5 (27)

V. DRINKING BEHAVIOR

A. Personal Drinking Behavior

13. How often did you experience the following last month?

	<u>Never</u>	<u>Seldom</u>	<u>Occasionally</u>	<u>Frequently</u>	<u>Often</u>	
Missed meals due to drinking.....	1	2	3	4	5	(28)
Drank while on the job.....	1	2	3	4	5	(29)
Missed work because of drinking.....	1	2	3	4	5	(30)
Got drunk.....	1	2	3	4	5	(31)
D.T.s, shakes, or withdrawal symptoms.	1	2	3	4	5	(32)
Had memory lapses or "blackouts".....	1	2	3	4	5	(33)
Had dry heaves or cold sweat.....	1	2	3	4	5	(34)
Had quarrels while drinking.....	1	2	3	4	5	(35)
Had difficulty sleeping.....	1	2	3	4	5	(36)
Had hallucinations or vague fears.....	1	2	3	4	5	(37)
Had a severe hangover.....	1	2	3	4	5	(38)
Felt nervous or tense.....	1	2	3	4	5	(39)
Had an upset stomach.....	1	2	3	4	5	(40)
Had headaches.....	1	2	3	4	5	(41)
Had dizzy spells.....	1	2	3	4	5	(42)

14. How often in the last month did you.....

drink in the morning.....	1	2	3	4	5	(43)
drink at home.....	1	2	3	4	5	(44)
drink at work.....	1	2	3	4	5	(45)
drink at bars.....	1	2	3	4	5	(46)
drink at parties.....	1	2	3	4	5	(47)
drink during the week days.....	1	2	3	4	5	(48)
drink during weekends.....	1	2	3	4	5	(49)
drink alone.....	1	2	3	4	5	(50)
drink with friends.....	1	2	3	4	5	(51)
drink with strangers.....	1	2	3	4	5	(52)

15. What was the largest amount of alcohol you drank in one day during the last month?

	<u>None</u>	<u>Under One</u>	<u>One-Two</u>	<u>Two-Three</u>	<u>Three-Four</u>	<u>Five or more</u>	
Beer ( <u>quarts</u> ).....	<input type="checkbox"/>	1	2	3	4	5	(53)
Wine ( <u>fifths</u> ).....	<input type="checkbox"/>	1	2	3	4	5	(54)
Hard liquor ( <u>pints</u> ).....	<input type="checkbox"/>	1	2	3	4	5	(55)

16. How much alcohol did you usually drink at a time during the last month?

Beer ( <u>quarts</u> ).....	<input type="checkbox"/>	1	2	3	4	5	(56)
Wine ( <u>fifths</u> ).....	<input type="checkbox"/>	1	2	3	4	5	(57)
Hard liquor ( <u>pints</u> ).....	<input type="checkbox"/>	1	2	3	4	5	(58)

17. Overall, how would you describe your drinking pattern for the last month?
- (1) Never drank (2) Special occasions only (3) Social drinking (4) Occasional binges (5) Daily drinking (59)
18. How would you rate your drinking problem now?
- (1) No problem (2) Rarely a problem (3) Sometimes a problem (4) Often a problem (5) Quite often a problem (60)
19. Longest period you were in control of your drinking problem since you left the program?
- (1) Under 2 weeks (2) 2-4 weeks (3) 1-2 months (4) 2-4 months (5) Over 4 months (61)
20. How many bars and liquor stores are there within walking distance of your residence?
- (1) None (2) One or two (3) Several (4) Quite a few (5) Don't know (62)

B. Drinking Behavior of Family and Friends

21. What drinking patterns do each of the following people have? (Answer for the one who drinks the most)

	<u>Never drink</u>	<u>Drink only on special occasions</u>	<u>Social drinking only</u>	<u>Go on occasional binges</u>	<u>Drink daily</u>	<u>If this person lives with you, circle here</u>	
Father.....	1	2	3	4	5	6	(63)
Mother.....	1	2	3	4	5	6	(64)
Spouse.....	1	2	3	4	5	6	(65)
Son.....	1	2	3	4	5	6	(66)
Daughter.....	1	2	3	4	5	6	(67)
Brother.....	1	2	3	4	5	6	(68)
Sister.....	1	2	3	4	5	6	(69)
Other relatives.....	1	2	3	4	5	6	(70)
Friends.....	1	2	3	4	5	6	( 1)
Neighbors.....	1	2	3	4	5	6	( 2)
Work associates.....	1	2	3	4	5	6	( 3)

(Continued)

VI. SELF-DESCRIPTIONS AND FEELINGS

22. Listed below are some adjectives people use to describe themselves. Please look at each one and indicate how well that term describes the way you see yourself: not at all, slightly, somewhat, fairly well, or quite accurately.

	<u>Not at all</u>	<u>Slightly</u>	<u>Some- what</u>	<u>Fairly well</u>	<u>Quite accurately</u>	
Aggressive .....	1	2	3	4	5	(4)
Ambitious .....	1	2	3	4	5	(5)
Calm .....	1	2	3	4	5	(6)
Confident .....	1	2	3	4	5	(7)
Desperate .....	1	2	3	4	5	(8)
Dominant .....	1	2	3	4	5	(9)
Easy going .....	1	2	3	4	5	(10)
Energetic .....	1	2	3	4	5	(11)
Happy .....	1	2	3	4	5	(12)
Outgoing .....	1	2	3	4	5	(13)
Pessimistic .....	1	2	3	4	5	(14)
Rebellious .....	1	2	3	4	5	(15)
Successful .....	1	2	3	4	5	(16)

23. Below is a list which describes some of the ways people feel at different times. Please tell us how often you felt like this during the past month.

<u>Feeling</u>	<u>Never</u>	<u>Seldom</u>	<u>Occasion- ally</u>	<u>Fre- quently</u>	<u>Often</u>	
On top of the world .....	1	2	3	4	5	(17)
Very lonely or remote from other people	1	2	3	4	5	(18)
Angry at some minor frustration.....	1	2	3	4	5	(19)
That you just couldn't get going.....	1	2	3	4	5	(20)
Particularly excited about something...	1	2	3	4	5	(21)
Depressed or very unhappy.....	1	2	3	4	5	(22)
Pleased about accomplishing something..	1	2	3	4	5	(23)
Bored .....	1	2	3	4	5	(24)
So restless you couldn't sit still long.	1	2	3	4	5	(25)
That you had far too much to do.....	1	2	3	4	5	(26)
Vaguely uneasy without quite knowing why .....	1	2	3	4	5	(27)
Relaxed and comfortable .....	1	2	3	4	5	(28)
In control of your life .....	1	2	3	4	5	(29)
Wanting to do something mischievous....	1	2	3	4	5	(30)

24. Below is a list of experiences some people have. Read each statement and think for a minute about whether you had the experience in the past month. Circle the number under the response which best describes how often the statement was true for you last month.

	<u>Never</u>	<u>Rarely</u>	<u>Some- times</u>	<u>Often</u>	<u>Quite Often</u>	
Had thoughts about doing things that would not be approved by others .....	1	2	3	4	5	(31)
Felt like going "raging" or troublemaking for kicks .....	1	2	3	4	5	(32)
Drank alcohol to relax and "get away from it all" .....	1	2	3	4	5	(33)
Knew you could get away with something without being caught .....	1	2	3	4	5	(34)
Felt you could go somewhere or do something where you could be at ease and relaxed from worries and pressures .....	1	2	3	4	5	(35)
Considered yourself part of a regular drinking gang .....	1	2	3	4	5	(36)
Felt uneasy if a friend boasted or cautioned you about your drinking behavior.....	1	2	3	4	5	(37)
Felt you knew where you wanted to go in life..	1	2	3	4	5	(38)
Felt you had no effective way to express your feelings and to release tensions (when not drinking) .....	1	2	3	4	5	(39)
Felt anxiousness or stress about your condition in life .....	1	2	3	4	5	(40)
Felt your friends were mostly just people you ended up hanging around with.....	1	2	3	4	5	(41)
Felt that you were getting all that you wanted out of life.....	1	2	3	4	5	(42)

25. Any other comments you'd like to make?

Again, thank you for your cooperation.

## HEALTH AND DAILY LIVING FORM

- Author:** Rudolf H. Moos
- Assessment Areas Covered:** Mental health, physical health, alcohol consumption, depression, family relations, life events, spouse relations, child relations, social relationships, stress, coping, prognosis, in-treatment
- Administration:** Self-administered or interviewer-administered, at screening and followup
- Design Features:** Contains over 200 items divided into 6 sections. Nearly all questions are of the yes/no or multiple-choice types, with a few completion-type questions.
- Abstract:** The Health and Daily Living (HDL) Form was developed by Rudolf H. Moos, Ruth C. Cronkite, Andrew G. Billings, and John W. Finney as part of a longitudinal study of treatment outcome among 120 alcoholic patients, 105 of their spouses, and 267 controls. The original HDL questionnaire is referred to as Adult Form A. The questionnaire as upgraded and modified from the original study is labeled Adult Form B. There is also a companion Youth Form.
- The HDL generates a series of 13 indexes for assessing an individual's health and general social functioning. Eight of the indexes deal with self-confidence and aspects of physical and mood-related symptoms, while five of the indexes cover use and problems associated with the use of substances such as alcohol and tobacco. Some of the assessment areas covered are: health-related functioning, social functioning and resources, family functioning and home environment, children's health and functioning, life change events, coping responses, and family level composite. The authors have also developed additional measures of health and social functioning, including the Family Environment Scale and the Work Environment Scale.
- The HDL Form is described by Moos et al. (1984, p. 1) as "a structured assessment procedure that can be administered either as an interview or as a questionnaire. It can be used with both patient and community populations. The HDL includes questions that cover sociodemographic factors as well as varied sets of indices that tap health-related and social functioning, life stressors and strains, and coping responses and social resources. . . . We have used the HDL indices to examine the influence of extratreatment factors on treatment outcome as well as to explore the social resources and coping processes people use to prevent and adapt to stressful life circumstances."
- Moos et al. (1984) have undertaken an extensive analysis of the internal consistency of the HDL Form using Cronbach's alpha. The indexes were found to have a fairly high degree of internal consistency using this measure.
- Related Published Reports:** Billings, A.G., and Moos, R.H. The role of coping responses and social resources in attenuating the stress of life events. Journal of Behavioral Medicine, 4:139-157, 1981.
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Availability Source: Rudolf H. Moos, Ph.D., Director, Social Ecology Laboratory, Veterans Administration Hospital, 3801 Miranda, Building 4, Room B-116, Palo Alto, California 94304

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FORM B

HEALTH AND DAILY LIVING

This is your copy of the special health questionnaire. Please answer each question as accurately as you can by placing an "X" in the box next to the answer that you select or by entering information in the space provided.

All your answers are strictly confidential. If for any reason you do not wish to answer a question, please circle the question so that we know you have intentionally skipped it.

Please ignore the small numbers which appear by the boxes or in the margins. They are to help us record your answers. We appreciate your cooperation in this important survey.

SOME FACTS ABOUT YOU

1. When were you born? (Specify year only) 19\_\_\_\_\_ 1-2

2. How many years did you finish in school? (Circle last year COMPLETED)

HIGH SCHOOL					COLLEGE/VOCATIONAL SCHOOL				
08	09	10	11	12	13	14	15	16	17
8 or less	9th	10th	11th	12th	1st	2nd	3rd	4th	5 or more

3-4

3. What is your religious preference?

- 1  Catholic    2  Jewish    3  Protestant    4  Other    5  None    5

4. What is your ethnic background?

- 1  American Indian    2  Asian    3  Black    4  Mexican-American     White    6  Other    6

5. What is your marital status?

- 1  Never Married    2  Married    3  Separated    4  Divorced    5  Widowed    7
- How long have you been married to your present spouse? \_\_\_\_\_ years
- How long did you live with your spouse before you separated? \_\_\_\_\_ years
- How long were you married to your (last) spouse? \_\_\_\_\_ years
- 8-9

6. How many times have you been married altogether? \_\_\_\_\_ times    10

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 Medical Centers  
 Palo Alto, California

SOME FACTS ABOUT YOU (cont'd)

7. Are you employed now?

- 1  No      2  Yes, part time only      3  Yes, full time only      4  Yes, full time and part time

11

8. DURING THE LAST YEAR, how many times did you change jobs? \_\_\_\_\_ times

12

9. What is your present (or usual if not currently employed) occupation?

13-16

10. If not currently employed, what is the main reason? (Choose one answer)

- 1  Temporarily laid off      4  Student      7  Homemaker  
2  Not employed and looking for work      5  Poor health      8  Other reason  
3  Not employed and not looking for work      6  Retired

17

11. If not currently employed, how long have you been out of work?

- 1  Less than 3 months      3  6-9 months      5  1 year or more  
2  3-6 months      4  9 months to a year

18

12. (Optional) What is your income?

Your own annual earnings before taxes (wages, salary, commissions)

- 1  Less than \$5,000      4  \$12,000 - \$14,999      7  \$25,000 - \$29,999  
2  \$5,000 - \$7,999      5  \$15,000 - \$19,999      8  \$30,000 or more  
3  \$8,000 - \$11,999      6  \$20,000 - \$24,999

19

Your total annual family income before taxes (your earnings plus those of others living with you)

- 1  Less than \$5,000      4  \$12,000 - \$14,999      7  \$25,000 - \$29,999  
2  \$5,000 - \$7,999      5  \$15,000 - \$19,999      8  \$30,000 or more  
3  \$8,000 - \$11,999      6  \$20,000 - \$24,999

20

YOUR HEALTH IN THE LAST 12 MONTHS

1. Here is a list of medical conditions that usually last some time. DURING THE LAST 12 MONTHS, have you had any of these conditions? (Answer "Yes" only if diagnosed by a physician)

- | <u>Yes</u><br>1          | <u>No</u><br>2           |                         |    | <u>Yes</u><br>1          | <u>No</u><br>2           |                      |    |
|--------------------------|--------------------------|-------------------------|----|--------------------------|--------------------------|----------------------|----|
| <input type="checkbox"/> | <input type="checkbox"/> | Anemia (low blood)      | 21 | <input type="checkbox"/> | <input type="checkbox"/> | Serious back trouble | 28 |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma                  | 22 | <input type="checkbox"/> | <input type="checkbox"/> | Heart trouble        | 29 |
| <input type="checkbox"/> | <input type="checkbox"/> | Arthritis or rheumatism | 23 | <input type="checkbox"/> | <input type="checkbox"/> | High blood pressure  | 30 |
| <input type="checkbox"/> | <input type="checkbox"/> | Bronchitis              | 24 | <input type="checkbox"/> | <input type="checkbox"/> | Kidney trouble       | 31 |
| <input type="checkbox"/> | <input type="checkbox"/> | Cancer                  | 25 | <input type="checkbox"/> | <input type="checkbox"/> | Stroke               | 32 |
| <input type="checkbox"/> | <input type="checkbox"/> | Chronic liver trouble   | 26 | <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis         | 33 |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes                | 27 | <input type="checkbox"/> | <input type="checkbox"/> | Ulcer                | 34 |

2. Here is a list of physical symptoms. Have you experienced any of them FAIRLY OFTEN IN THE PAST 12 MONTHS?

- | <u>Yes</u><br>1          | <u>No</u><br>2           |                                  |    | <u>Yes</u><br>1          | <u>No</u><br>2           |                                                     |    |
|--------------------------|--------------------------|----------------------------------|----|--------------------------|--------------------------|-----------------------------------------------------|----|
| <input type="checkbox"/> | <input type="checkbox"/> | Felt weak all over               | 35 | <input type="checkbox"/> | <input type="checkbox"/> | Acid stomach or indigestion                         | 41 |
| <input type="checkbox"/> | <input type="checkbox"/> | Suddenly felt hot all over       | 36 | <input type="checkbox"/> | <input type="checkbox"/> | "Cold sweats"                                       | 42 |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart beating hard, pounding     | 37 | <input type="checkbox"/> | <input type="checkbox"/> | Hands trembling                                     | 43 |
| <input type="checkbox"/> | <input type="checkbox"/> | Poor appetite                    | 38 | <input type="checkbox"/> | <input type="checkbox"/> | Headaches                                           | 44 |
| <input type="checkbox"/> | <input type="checkbox"/> | Nervousness (fidgety, tense)     | 39 | <input type="checkbox"/> | <input type="checkbox"/> | Constipation                                        | 45 |
| <input type="checkbox"/> | <input type="checkbox"/> | Restlessness, couldn't sit still | 40 | <input type="checkbox"/> | <input type="checkbox"/> | Insomnia (trouble falling asleep or staying asleep) | 46 |

3. Here are some of the ways people feel at different times. DURING THE LAST 12 MONTHS have you:

- | <u>Yes</u><br>1          | <u>No</u><br>2           |                                         |    | <u>Yes</u><br>1          | <u>No</u><br>2           |                                               |    |
|--------------------------|--------------------------|-----------------------------------------|----|--------------------------|--------------------------|-----------------------------------------------|----|
| <input type="checkbox"/> | <input type="checkbox"/> | Felt that you just couldn't get going?  | 47 | <input type="checkbox"/> | <input type="checkbox"/> | Had personal worries that made you feel sick? | 50 |
| <input type="checkbox"/> | <input type="checkbox"/> | Felt that you were a worrier?           | 48 | <input type="checkbox"/> | <input type="checkbox"/> | Felt that nothing turned out right for you?   | 51 |
| <input type="checkbox"/> | <input type="checkbox"/> | Felt that your memory wasn't all right? | 49 | <input type="checkbox"/> | <input type="checkbox"/> | Wondered if anything was worthwhile any more? | 52 |

YOUR HEALTH IN THE LAST 12 MONTHS (cont'd)

4. Do you smoke tobacco (cigarettes, cigars, pipe)? 1  Yes 2  No 53

5. If yes, (a) Do you smoke more, the same, or less now than you did a year ago?  
1  More 2  Same 3  Less 54

(b) How much do you usually smoke each day?

           cigarettes  
55-56
           cigars  
57
           pipefuls  
58 of tobacco

6. Have you had any physical symptoms because of too much smoking? 1  Yes 2  No 59

If yes, what kinds of symptoms have you had?

<u>Yes</u> 1	<u>No</u> 2		<u>Yes</u> 1	<u>No</u> 2	
<input type="checkbox"/>	<input type="checkbox"/>	Sore throat	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath
		60			62
<input type="checkbox"/>	<input type="checkbox"/>	Cough	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify) _____
		61			63

7. Do you drink any alcoholic beverages (wine, beer, liquor)? 1  Yes 2  No 64

If yes, (a) how often did you drink wine, beer, or hard liquor DURING THE PAST MONTH?

	<u>Never drank it</u> 1	<u>Less than once a week</u> 2	<u>Once or twice a week</u> 3	<u>3-4 days a week</u> 4	<u>Nearly every day</u> 5	
Wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	65
Beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	66
Hard liquor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	67

(b) When you drink, how much do you usually drink IN A TYPICAL DAY?

Wine	1 <input type="checkbox"/> 1 glass	2 <input type="checkbox"/> 2-3 glasses	3 <input type="checkbox"/> 1 fifth	4 <input type="checkbox"/> 2 fifths	5 <input type="checkbox"/> 3 fifths or more	68
Beer	1 <input type="checkbox"/> 1 glass	2 <input type="checkbox"/> 2-3 glasses (1-2 cans)	3 <input type="checkbox"/> 1-2 quarts (3-6 cans)	4 <input type="checkbox"/> 3-4 quarts (9-12 cans)	5 <input type="checkbox"/> 5 quarts or more (15 cans or more)	69
Hard liquor	1 <input type="checkbox"/> 1 shot	2 <input type="checkbox"/> 2-3 shots	3 <input type="checkbox"/> 1 pint	4 <input type="checkbox"/> 2 pints	5 <input type="checkbox"/> 3 pints or more	70

YOUR HEALTH IN THE LAST 12 MONTHS (cont'd)

7. Have you had any difficulty IN THE PAST YEAR because of too much drinking?

1  Yes                      2  No

1

If yes, what kinds of difficulties have you had?

<u>Yes</u> 1	<u>No</u> 2		<u>Yes</u> 1	<u>No</u> 2	
<input type="checkbox"/>	<input type="checkbox"/>	Your health      2	<input type="checkbox"/>	<input type="checkbox"/>	Hit someone      6
<input type="checkbox"/>	<input type="checkbox"/>	Your job      3	<input type="checkbox"/>	<input type="checkbox"/>	Trouble in neighborhood      7
<input type="checkbox"/>	<input type="checkbox"/>	Money problems      4	<input type="checkbox"/>	<input type="checkbox"/>	Trouble with the police      8
<input type="checkbox"/>	<input type="checkbox"/>	Family arguments      5	<input type="checkbox"/>	<input type="checkbox"/>	Trouble with friends      9

8. Listed below are some adjectives people use to describe themselves. For each word, check the box which shows how well the word describes you, from "not at all" to "quite accurately."

	<u>Not at all</u> 1	<u>Slightly</u> 2	<u>Some- what</u> 3	<u>Fairly well</u> 4	<u>Quite accurately</u> 5	
Aggressive.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
Ambitious.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11
Assertive.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12
Calm.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13
Confident.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14
Dominant.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15
Easy going.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16
Energetic.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17
Happy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18
Outgoing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19
Successful.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20

YOUR HEALTH IN THE LAST 12 MONTHS (cont'd)

1. Not counting check-ups, how many times did you see a doctor DURING THE LAST YEAR? No. of times? \_\_\_\_\_ 21-22
2. Have you been hospitalized during the last year? 1  Yes 2  No 23
- If yes, how long (no. of days)?            For what condition(s)? \_\_\_\_\_ 24-26 27
3. Have you been unable to work or carry out your usual activities because of health problems? 1  Yes 2  No 28
- If yes, how long (no. of days)?            For what condition(s)? \_\_\_\_\_ 29-31 32
4. DURING THE LAST 12 MONTHS, have you frequently used any of the following medications?

<u>Yes</u> 1	<u>No</u> 2		<u>Yes</u> 1	<u>No</u> 2	
<input type="checkbox"/>	<input type="checkbox"/>	Allergy pills 33	<input type="checkbox"/>	<input type="checkbox"/>	Laxatives 39
<input type="checkbox"/>	<input type="checkbox"/>	Amphetamines (uppers) 34	<input type="checkbox"/>	<input type="checkbox"/>	Pain killers 40
<input type="checkbox"/>	<input type="checkbox"/>	Antibiotics 35	<input type="checkbox"/>	<input type="checkbox"/>	Sleeping pills 41
<input type="checkbox"/>	<input type="checkbox"/>	Antidepressants 36	<input type="checkbox"/>	<input type="checkbox"/>	Medicine for indigestion 42
<input type="checkbox"/>	<input type="checkbox"/>	Aspirin 37	<input type="checkbox"/>	<input type="checkbox"/>	Tranquilizers 43
<input type="checkbox"/>	<input type="checkbox"/>	Diet pills 38	<input type="checkbox"/>	<input type="checkbox"/>	Vitamins 44

5. Sometimes when people have problems they turn to certain persons for help. HAVE YOU EVER GONE to any of the people on this list for advice or help with marriage or family problems, or other personal problems? If you have, was it IN THE LAST 12 MONTHS?

	<u>Ever one?</u>			<u>In last 12 MONTHS?</u>		
	<u>Yes</u> 1	<u>No</u> 2		<u>Yes</u> 1	<u>No</u> 2	
a. Minister, priest, rabbi or other spiritual counselor?.....	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	53
b. Marriage or family counselor?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
c. Medical doctor? (not a psychiatrist).	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
d. Psychiatrist or psychologist?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
e. Policeman or probation officer?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
f. Self-help or sensitivity group?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
g. Lawyer?.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
h. Your employer?.....	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	60

YOUR HEALTH IN THE LAST MONTH

We have asked you about your general health during the last year. Now we would like to know how you have been feeling DURING THE LAST MONTH.

DURING THE LAST MONTH,  
how often have you experienced  
the following?

	<u>Never</u> 1	<u>Seldom</u> 2	<u>Some- times</u> 3	<u>Fairly Often.</u> 4	<u>Often</u> 5	
1. Feeling depressed (sad or blue).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
2. Poor appetite or weight loss.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Increased appetite or weight gain.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Trouble sleeping or sleeping too much.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Loss of energy; fatigue; tiredness....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5
6. Been unable to sit still.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Feeling slowed down and having trouble moving.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Loss of interest or pleasure in your usual activities or in sex.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Feeling guilty, worthless or down on yourself.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Trouble concentrating, thinking or making decisions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
11. Thoughts about death or suicide.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Crying.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Feeling negative or pessimistic.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Brooding about unpleasant things.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Feeling inadequate.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15
16. Feeling resentful, irritable, angry...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Needing reassurance or help.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Feeling sorry for yourself.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Physical symptoms or complaints.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19

EVENTS IN THE PAST YEAR

1. Here is a list of events that may happen to anyone. Have you experienced any of them personally DURING THE LAST 12 MONTHS?

- IF YES, please indicate: (a) how many months ago the event occurred;  
 (b) whether you had any control over it; and  
 (c) whether it has happened to you before.

<u>List of Events</u>	<u>Yes</u>		<u>No</u>	<u>IF YES</u> →	<u>How many months ago?</u>	<u>Did you have any control over it?</u>		<u>Has it happened to you before?</u>			
	<u>1</u>	<u>2</u>				<u>1</u>	<u>2</u>	<u>1</u>	<u>2</u>		
Moved to a new residence.....	<input type="checkbox"/>	<input type="checkbox"/>	20	IF YES →	____ ____ months 36-37	<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	17
Your graduation from school or training program.....	<input type="checkbox"/>	<input type="checkbox"/>		IF YES →	____ ____ months	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
You lost something of sentimental value.....	<input type="checkbox"/>	<input type="checkbox"/>		IF YES →	____ ____ months	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Death of a close friend.....	<input type="checkbox"/>	<input type="checkbox"/>		IF YES →	____ ____ months	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Trouble with friends or neighbors.....	<input type="checkbox"/>	<input type="checkbox"/>		IF YES →	____ ____ months	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Engagement.....	<input type="checkbox"/>	<input type="checkbox"/>	25	IF YES →	____ ____ months 46-47	<input type="checkbox"/>	<input type="checkbox"/>	6	<input type="checkbox"/>	<input type="checkbox"/>	22
Marriage.....	<input type="checkbox"/>	<input type="checkbox"/>		IF YES →	____ ____ months	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Separation.....	<input type="checkbox"/>	<input type="checkbox"/>		IF YES →	____ ____ months	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Marital reconciliation.....	<input type="checkbox"/>	<input type="checkbox"/>		IF YES →	____ ____ months	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Divorce.....	<input type="checkbox"/>	<input type="checkbox"/>		IF YES →	____ ____ months	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Birth of a child in your immediate family.....	<input type="checkbox"/>	<input type="checkbox"/>	30	IF YES →	____ ____ months 56-57	<input type="checkbox"/>	<input type="checkbox"/>	11	<input type="checkbox"/>	<input type="checkbox"/>	27
Trouble with in-laws.....	<input type="checkbox"/>	<input type="checkbox"/>		IF YES →	____ ____ months	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Your own serious illness or injury.....	<input type="checkbox"/>	<input type="checkbox"/>		IF YES →	____ ____ months	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Serious illness or injury of family member.....	<input type="checkbox"/>	<input type="checkbox"/>		IF YES →	____ ____ months	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Death of a spouse.....	<input type="checkbox"/>	<input type="checkbox"/>		IF YES →	____ ____ months	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Death of immediate family member (other than spouse)	<input type="checkbox"/>	<input type="checkbox"/>	35	IF YES →	____ ____ months 66-67	<input type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	<input type="checkbox"/>	32



EVENTS IN THE PAST YEAR

<u>List of Events</u>	<u>Yes</u>		<u>No</u>	<u>IF YES</u>	<u>How many months ago?</u>	<u>Did you have any control over it?</u>		<u>Has it happened to you before?</u>	
	<u>1</u>	<u>2</u>				<u>1</u>	<u>2</u>	<u>1</u>	<u>2</u>
Trouble with superiors at work.....	<input type="checkbox"/>	<input type="checkbox"/>	33	→	_____ months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laid off or fired from a job.....	<input type="checkbox"/>	<input type="checkbox"/>		→	_____ months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed for a month or more.....	<input type="checkbox"/>	<input type="checkbox"/>		→	_____ months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had a greatly increased work load.....	<input type="checkbox"/>	<input type="checkbox"/>		→	_____ months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotion at work.....	<input type="checkbox"/>	<input type="checkbox"/>		→	_____ months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Took a better (new) job.....	<input type="checkbox"/>	<input type="checkbox"/>	38	→	_____ months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income increased substantially (20%)	<input type="checkbox"/>	<input type="checkbox"/>		→	_____ months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income decreased substantially (20%).....	<input type="checkbox"/>	<input type="checkbox"/>		→	_____ months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Went deeply into debt.....	<input type="checkbox"/>	<input type="checkbox"/>		→	_____ months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your child entered a new school.....	<input type="checkbox"/>	<input type="checkbox"/>	42	→	_____ months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your child left home (e.g., for school, military service).....	<input type="checkbox"/>	<input type="checkbox"/>		→	_____ months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your child came home after a long absence.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>		→	_____ months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relative moved into household.....	<input type="checkbox"/>	<input type="checkbox"/>		→	_____ months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal problems.....	<input type="checkbox"/>	<input type="checkbox"/>		→	_____ months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol or drug problem.....	<input type="checkbox"/>	<input type="checkbox"/>		→	_____ months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assaulted or robbed.....	<input type="checkbox"/>	<input type="checkbox"/>	48	→	_____ months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EVENTS IN THE PAST YEAR (cont'd)

2. Please pick the most important problem from those you checked on the previous two pages, OR, if none of these problems have come up, select another problem (even a minor one) that you have had to deal with.

WRITE THE NAME OF THIS EVENT \_\_\_\_\_

45-51

Please indicate which of the following you did in connection with this event:

	<u>NO</u> <u>1</u>	<u>YES,</u> <u>once or</u> <u>twice</u> <u>2</u>	<u>YES,</u> <u>Some-</u> <u>times</u> <u>3</u>	<u>YES,</u> <u>fairly</u> <u>often</u> <u>4</u>	
1. Tried to find out more about the situation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52
2. Talked with spouse or other relative about the problem.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Talked with friend about the problem....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Talked with professional person (e.g., doctor, lawyer, clergy).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Prayed for guidance and/or strength....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Prepared for the worst.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57
7. Didn't worry about it. Figured everything would probably work out.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Took it out on other people when I felt angry or depressed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Tried to see the positive side of the situation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Got busy with other things to keep my mind off the problem.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	61
11. Made a plan of action and followed it...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
12. Considered several alternatives for handling the problem.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Drew on my past experiences; I was in a similar situation before.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Kept my feelings to myself.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Took things a day at a time, one step at a time.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5

EVENTS IN THE PAST YEAR (cont'd)

	<u>NO</u> 1	<u>YES,</u> <u>once or</u> <u>twice</u>	<u>YES,</u> <u>some-</u> <u>times</u>	<u>YES,</u> <u>fairly</u> <u>often</u>	
	2	3	4		
16. Tried to step back from the situation and be more objective.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6
17. Went over the situation in my mind to try to understand it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Tried not to act too hastily or follow my first hunch.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Told myself things that helped me feel better.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Got away from things for a while.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. I knew what had to be done and tried harder to make things work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Avoided being with people in general.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12
23. Made a promise to myself that things would be different next time.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Refused to believe that it happened.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Accepted it; nothing could be done.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Let my feelings out somehow.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Sought help from persons or groups with similar experiences.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Bargained or compromised to get something positive from the situation..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18
29. Tried to reduce tension by:					
(a) drinking more.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) eating more.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(c) smoking more.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(d) exercising more.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(e) taking more tranquilizing drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23

SOME QUESTIONS ABOUT YOUR FAMILY AND FRIENDS

1. About how many friends do you have, people you know more than just casually? \_\_\_\_\_ friends 24-25
2. How many close friends do you have, people you feel at ease with and can talk to about personal problems? \_\_\_\_\_ friends 26-27
3. How many people do you know from whom you can expect real help in times of trouble? \_\_\_\_\_ people 28-29
4. How many clubs and organizations (e.g., church group, union, PTA, bowling team) do you belong to? \_\_\_\_\_ clubs and organizations 30
5. Do you belong to a close circle of friends, a group of people who keep in close touch with each other? 1  Yes 2  No 31

6. How often do you attend religious services?

Never	Once or twice a year	Several times a year	Once or twice a month	Every week	More than once a week	
1	2	3	4	5	6	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32

7. DURING THE LAST MONTH, have you done, or attended any of these activities?

	Together with another family member			Together with one or more friends		
	Yes 1	No 2		Yes 1	No 2	
a. Athletic event.....	<input type="checkbox"/>	<input type="checkbox"/>	33	<input type="checkbox"/>	<input type="checkbox"/>	45
b. Boardgames (chess, checkers, scrabble)..	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
c. Card game.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
d. Concert, opera, or museum.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
e. Had a long talk.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
f. Helped out on some project.....	<input type="checkbox"/>	<input type="checkbox"/>	38	<input type="checkbox"/>	<input type="checkbox"/>	50
g. Hike or long walk.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
h. Hunting or fishing.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
i. Meeting of a club or organization.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
j. Party.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
k. Picnic.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
l. Swimming or tennis.....	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	56

YOUR FAMILY AND FRIENDS (cont'd)

8. DURING THE LAST MONTH, how often did you get together with one or more friends?

Friends visited at your home \_\_\_\_\_ times  
1-2

Got together with friends outside your home \_\_\_\_\_ times  
3-4

9. DURING THE LAST MONTH, how often did you visit with relatives?

Relatives visited at your home \_\_\_\_\_ times  
5-6

Visited with relatives outside of your home \_\_\_\_\_ times  
7-8

10. Different people do their household tasks in different ways. DURING THE LAST MONTH, how have the following tasks been done in your household?

	You only 1	You mostly 2	You + some- one else equally 3	Some- one else mostly 4	Some- one else only 5	Does not apply 6	
Shops for groceries.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9
Plans and cooks meals.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Takes out garbage.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleans the house.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does heavy housework.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13
Makes minor household repairs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tends the yard.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Handles the bills.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Decides how the money should be spent.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17
Brings car in for repairs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drives to family outings..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Helps children with homework.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disciplines children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21

If you indicated that "someone else" helped with some of the above household tasks, was that person generally your spouse, child, or another person?

1  spouse                      2  child                      3  another person                      22

FAMILY ACTIVITIES

11. Do any of the following topics often cause disagreements in your family?

<u>Yes</u> 1	<u>No</u> 2		<u>Yes</u> 1	<u>No</u> 2	
<input type="checkbox"/>	<input type="checkbox"/>	Friends 23	<input type="checkbox"/>	<input type="checkbox"/>	Helping with household chores 30
<input type="checkbox"/>	<input type="checkbox"/>	Relatives 24	<input type="checkbox"/>	<input type="checkbox"/>	Sex 31
<input type="checkbox"/>	<input type="checkbox"/>	Driving habits 25	<input type="checkbox"/>	<input type="checkbox"/>	Drugs 32
<input type="checkbox"/>	<input type="checkbox"/>	Politics 26	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol 33
<input type="checkbox"/>	<input type="checkbox"/>	Money 27	<input type="checkbox"/>	<input type="checkbox"/>	Cigarette smoking 34
<input type="checkbox"/>	<input type="checkbox"/>	Use of the car 28	<input type="checkbox"/>	<input type="checkbox"/>	Discipline 35
<input type="checkbox"/>	<input type="checkbox"/>	Watching TV 29	<input type="checkbox"/>	<input type="checkbox"/>	Major purchases 36

12. Think of a person who is important to you. Indicate your relationship to this person.

Relationship: 1  spouse    2  parent    3  child    4  other 37

<u>How often do the two of you:</u>	<u>Never</u> 1	<u>Seldom</u> 2	<u>Some- times</u> 3	<u>Fairly Often</u> 4	<u>Often</u> 5	
calmly discuss something together.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38
have a stimulating exchange of ideas...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39
disagree about something important.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40
become critical and disapproving.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41
have a good time together.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42
become angry.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43

FACTS ABOUT YOUR HOME

1. For each word pair below, circle the number which best describes your home. For example, if your home is very neat, circle "1", if it is very messy, circle "5". If it is somewhere between very neat and very messy, circle 2, 3, or 4.

Neat	1	2	3	4	5	Messy	44
Clean	1	2	3	4	5	Dirty	45
Comfortable	1	2	3	4	5	Uncomfortable	46
Quiet	1	2	3	4	5	Noisy	47
Light	1	2	3	4	5	Dark	48
Adequate size	1	2	3	4	5	Inadequate size	49

FACTS ABOUT YOUR HOME (cont'd)

2. DURING THE LAST 12 MONTHS how often have you moved? \_\_\_\_\_ times 50
3. How long have you lived at your present address? \_\_\_\_\_ months or \_\_\_\_\_ years 51
4. Do you own or rent your residence? 1  Own 2  Rent 3  Other 52
5. How would you describe your residence? (Choose only one category) 53
- |                                                                              |                                                              |
|------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1 <input type="checkbox"/> A one-family house detached from any other house  | 4 <input type="checkbox"/> A building for 3-4 families       |
| 2 <input type="checkbox"/> A one-family house attached to one or more houses | 5 <input type="checkbox"/> A building for 5 or more families |
| 3 <input type="checkbox"/> A building for two families                       | 6 <input type="checkbox"/> A mobile home                     |
|                                                                              | 7 <input type="checkbox"/> Other (what? _____)               |
6. What category best describes your neighborhood? (Choose one) 54
- |                                                                                                |                                                                                  |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 <input type="checkbox"/> Urban-commercial or industrial                                      | 3 <input type="checkbox"/> Suburban-residential (mainly one or two-family homes) |
| 2 <input type="checkbox"/> Multiple-unit residential (mainly apartments, hotels, condominiums) | 4 <input type="checkbox"/> Rural                                                 |
7. How many rooms are there in your house or apartment? (Include kitchen but not bathrooms) \_\_\_\_\_ rooms 55
8. How many bedrooms are there in your house or apartment? \_\_\_\_\_ bedrooms 56
9. Does your residence have a yard or patio? 1  Yes 2  No 57





## COMMUNITY ORIENTED PROGRAMS ENVIRONMENT SCALE

- Author:** Rudolf H. Moos
- Assessment Areas Covered:** Treatment program social atmosphere, client satisfaction
- Administration:** Self-administered to both patients and staff of a treatment program, at in-treatment and followup
- Design Features:** 100 true or false items contained in a booklet with accompanying answer sheet
- Abstract:** The Community Oriented Programs Environment Scale (COPES) is one of several Social Climate Scales developed by Rudolf Moos. Another of these scales that is frequently used in the alcoholism treatment assessment field is the Ward Atmosphere Scale. All of the scales are used to assess and monitor the social atmosphere of a program and are used as a means of comparing individual programs.
- The COPES has 10 subscales that are grouped into three "dimensions." The relationship dimension includes subscales on involvement, support, and spontaneity. The treatment program dimension covers subscales on autonomy, practical orientation, personal problem orientation, and anger and aggression. The system maintenance dimension includes subscales related to order and organization, program clarity, and staff control.
- Psychometric analyses of the COPES have been developed by Moos (1972, 1974a). Bromet et al. (1976, p. 911) briefly summarized COPES psychometric properties as follows: "The ten subscales have moderate to high internal consistency (ranging from .63 to .89), are moderately intercorrelated, and all significantly discriminate (one-way analysis of variance) among programs for both patients and staff."
- Related Published Reports:** Bliss, F.; Moos, R.; and Bromet, E. Monitoring change in community-oriented treatment programs. Journal of Community Psychology, 4:315-326, 1976.
- Bromet, E.; Moos, R.; and Bliss, F. The social climate of alcoholism treatment programs. Archives of General Psychiatry, 33:910-916, 1976.<sup>1</sup>
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<sup>1</sup>Refer to volume 1 in this series, Summaries of Alcoholism Treatment Assessment Research, for a further discussion of this article.

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COMMUNITY ORIENTED PROGRAMS  
ENVIRONMENT SCALE  
(FORM R)\*

Members put a lot of energy into what they do around here.

The healthier members here help take care of the less healthy ones.

Members tend to hide their feelings from one another.

There is no membership government in this program.

Members hardly ever discuss their sexual lives.

Members are careful about what they say when staff are around.

Staff sometimes argue openly with each other.

The program rules are clearly understood by the members.

Some members look messy.

Staff sometimes don't show up for their appointments with members.

Members here are expected to demonstrate continued concrete progress toward their goals.

Members may interrupt staff when they are talking.

Discussions are very interesting here.

Members are rarely encouraged to discuss their personal problems here.

Staff rarely give in to pressure from members.

Members must make detailed plans before leaving this program.

Members here rarely become angry.

The staff strongly encourages members to be neat and orderly here.

There are often changes in the rules here.

The staff make and enforce all the rules here.

---

\*A representative sampling of 20 items, including 2 items from each of the 10 subscales.

## DUI PROBATION FOLLOW-UP PROJECT LIFE ACTIVITIES QUESTIONNAIRE

- Author:** National Highway Traffic Safety Administration
- Assessment Areas Covered:** Alcohol consumption, physical health, employment, social relationships, lifestyle, residence, personality factors, motor vehicle driving arrests, legal, behavioral aspects of drinking, DUI, epidemiology
- Administration:** Interviewer-administered (60 minutes), at followup
- Design Features:** Life Activities Questionnaire (LAI)--82 items (reproduced here); also included in the battery are the General Situational Questionnaire (GSQ)--43 items-- and the Personality Assessment Survey (PAS)--66 items.
- Abstract:** A battery of questionnaire and interview instruments used to supplement direct traffic safety criteria (DUI recidivism and accident involvement) in evaluation of program effectiveness and changes in client profile measures to determine relationship and treatment outcome.
- All scales constructed--life status, personality, and response bias--showed acceptable internal consistency reliabilities.
- The LAI was designed to assess overt and potentially observable behavioral/life status activities. The GSQ was designed to assess behavioral change indicators of treatment effectiveness, and the PAS was designed to assess personality characteristics.
- The study findings provided evidence that year-long group counseling programs can make a positive contribution to alcohol traffic safety by reducing the DUI recidivism of multiple-offense drunk drivers.
- Related Published Reports:** National Highway Traffic Safety Administration. A Description of Life Activities Inventory and Scoring Procedures, 1980 Annual Report. Volume VI. Final Report--CDUI Project, Alcoholism Division, County of Sacramento Health Department, Sacramento, CA 95814. DOT Publication No. HS-6-01414. Washington, D.C.: National Highway Traffic Safety Administration, Department of Transportation, 1981.
- National Highway Traffic Safety Administration. The Traffic Safety Effectiveness of Educational Counseling Programs for Multiple Offense Drunk Drivers, Final Report, Comprehensive Driving Under the Influence of Alcohol Offender Treatment Demonstration Project; County of Sacramento Health Department, Sacramento, CA 95814. DOT Publication No. HS-6-01414. Washington, D.C.: National Highway Traffic Safety Administration, Department of Transportation, 1982.
- Availability Source:** National Highway Traffic Safety Administration, NTS-21, 401 Seventh Street, S.W., Washington, D.C. 20590. The instrument is in the public domain and may be reproduced without permission.

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Project Client ID Number \_\_\_\_\_

						1
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Date of Administration \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Month      Day      Year

							13
--	--	--	--	--	--	--	----

Interviewer's Name \_\_\_\_\_

DUI PROBATION FOLLOW-UP PROJECT  
LIFE ACTIVITIES QUESTIONNAIRE

**U.S. DEPARTMENT  
OF TRANSPORTATION**

---

NATIONAL HIGHWAY TRAFFIC  
SAFETY ADMINISTRATION



### Completion of the Life Activities Inventory

The Highway Safety Act of 1966 (23 U.S.C. 403) authorizes the collection of this information in order to determine the relative and absolute program level effectiveness of alcohol rehabilitation programs in terms of arrest recidivism and/or production of positive life adjustments. While disclosure of this information is voluntary, failure to provide the information may result in elimination from participation in the DUI Probation Follow-Up Project study.

#### STOP. BEFORE YOU BEGIN, READ THESE INSTRUCTIONS

The first section of this booklet contains questions about your present life situation. Please check the answer or answers to each question that you feel are most correct. Do not leave an item without marking it. All information will be kept confidential. If you have no questions please begin. If you have questions please ask the interviewer now.

I. LIVING SITUATION

1. Check all persons with whom you are currently living.

- 1. Spouse
- 2. Dependent children
- 3. Adult son and/or daughter
- 4. Parent[s]
- 5. Relative[s]
- 6. Friend[s]
- 7. Live alone

2. Which of the following best describes your place of residence?

- 1. Own home
- 2. Rented house or apartment
- 3. Boarding or rooming house
- 4. Nursing home
- 5. No-cost shelter
- 6. No residence
- 7. Other

3. Enter the length of time you have lived at your present residence.

Enter the actual numbers in the spaces provided.

\_\_\_ Years, \_\_\_ Months, \_\_\_ Weeks

4. How often have you changed your residence in the last six months?

- 1. Never
- 2. Once
- 3. More than once

5. How often do you typically change your residence?

- 1. More than twice a year
- 2. Once or twice a year
- 3. Less than once a year

6. Have you recently been evicted from or asked to leave your place of residence?

- 1. Yes
- 2. No

7. Have your living conditions changed in the past six months?

- 1. Worsened
- 2. Stayed about the same
- 3. Improved

8. Do you have your own telephone?

- 1. Yes
- 2. No

9. Do you own or are you buying an automobile?

- 1. Yes
- 2. No

10. How often do you typically change jobs?

- 1. More than twice a year
- 2. Once or twice a year
- 3. Less than once a year

11. How many jobs have you had in the past six months?

- 1. None
- 2. One
- 3. Two
- 4. More than two

12. Does your circle of friends and acquaintances change from time to time?

- 1. Almost never
- 2. Sometimes
- 3. Often
- 4. Very often

go on to next page

II. EMPLOYMENT SITUATION

13. Check the one of the following which best describes you.

- 1. Retired, not working
- 2. Retired, working part-time
- 3. Housewife, unemployed outside home
- 4. Housewife, employed part-time outside home
- 5. Housewife, employed full-time outside home
- 6. Student
- 7. None of the above

14. How long have you been employed during the past six months?

- 1. All six months
- 2. 3,4, or 5 months
- 3. 1 or 2 months
- 4. A few days or weeks but less than a month
- 5. No jobs at all throughout this period

15. Enter your income lost month from the following sources (if housewife, report family income).

Enter the actual numbers in the spaces provided.


- \_\_\_\_\_ Earned income [before taxes]
- \_\_\_\_\_ Unemployment compensation
- \_\_\_\_\_ Pensions
- \_\_\_\_\_ Welfare and/or related public assistance
- \_\_\_\_\_ Alimony and/or child support
- \_\_\_\_\_ Other [inheritance, dividends, etc.]

62

16. Enter the number of hours a week you spend in the following work activities?

Enter the actual numbers in the spaces provided.

_____ Housework or home maintenance	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
_____ Employment outside home	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
_____ Volunteer work	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								

17. Is your financial situation changing?

- 1. Improving
- 2. Not changing notably
- 3. Worsening

If you are currently unemployed skip questions 18 to 22.

18. How do you feel about your present work situation?

- 1. Satisfied
- 2. Usually satisfied, but sometimes think I would rather do something else
- 3. Dissatisfied, looking for something else

19. Are you having any trouble with the people you work with [for]?

- 1. No serious problems
- 2. Some notable problems
- 3. Serious problems [e.g., recently fired]

20. Relative to your own standards, are there deficiencies in your work?

- 1. No serious deficiencies
- 2. Some notable deficiencies
- 3. Unable to do my work

72

go on to next page



21. Do you voluntarily do more on your job than is required?

- [ ] 1. Never or almost never
- [ ] 2. Sometimes
- [ ] 3. Often
- [ ] 4. Very often

22. Are you devoting time outside of work to improve your work skills and/or employment situation?

- [ ] 1. No
- [ ] 2. One to two hours a week
- [ ] 3. Three to four hours a week
- [ ] 4. More than four hours a week

23. Do you dread going to work?

- [ ] 1. Never or almost never
- [ ] 2. Some days
- [ ] 3. Most days
- [ ] 4. Almost every day

### III. HEALTH

24. How is your health?

- [ ] 1. Improved some lately
- [ ] 2. Noticed no change
- [ ] 3. Worsened some recently
- [ ] 4. Recently had severe and/or disabling problems

25. How would you describe your health, relative to others your age?

- [ ] 1. Below average
- [ ] 2. Average
- [ ] 3. Above average

26. Have you been feeling tired or exhausted?

- [ ] 1. Almost every day
- [ ] 2. Most days
- [ ] 3. Some days
- [ ] 4. No or almost never

27. How are you sleeping at night?

- [ ] 1. Usually get a good night's sleep
- [ ] 2. Have had some trouble sleeping
- [ ] 3. Rarely get a good night's sleep

28. Have you been ill with colds, flu, etc.?

- [ ] 1. No or almost never
- [ ] 2. Occasionally
- [ ] 3. Frequently

										2
--	--	--	--	--	--	--	--	--	--	---

29. Do you currently have any physical problems related to the excessive use of alcohol?

- [ ] 1. None
- [ ] 2. Some
- [ ] 3. Many

30. Are you currently having any medical problems?

- [ ] 1. No
- [ ] 2. Minor one[s]
- [ ] 3. Major one[s]

31. Are you currently receiving medical assistance for health problems?

- [ ] 1. Yes
- [ ] 2. No

32. Have you been hospitalized in the past six months for a physical illness or injury?

- [ ] 1. One week or more
- [ ] 2. Less than one week
- [ ] 3. No

go on to next page

33. Check the health problems which currently apply to you:

- [ ] 1. Skin problems
- [ ] 2. Heart or cardiovascular problems
- [ ] 3. Stomach or intestinal problems
- [ ] 4. Lung or respiratory problems
- [ ] 5. Eyes, ears, nose, or throat problems
- [ ] 6. Unusual weight changes
- [ ] 7. Pain or tingling in hands, feet, legs, etc.
- [ ] 8. Headaches
- [ ] 9. Liver problems

34. Check the complete, regular meal[s] that you eat most days:

- [ ] 1. Breakfast
- [ ] 2. Lunch
- [ ] 3. Dinner

35. Do your eating habits provide a well-balanced intake of food each day [contain fruit, vegetables, meat, cereal, etc.]?

- [ ] 1. Eat very little or only one type of food on most days
- [ ] 2. May get in a good day or two a week but rarely more
- [ ] 3. Probably eat a well-balanced diet on most days

36. Are you currently using vitamin supplements [prescription or non-prescription]?

- [ ] 1. Almost every day
- [ ] 2. Sometimes
- [ ] 3. Rarely or never

#### IV. ALCOHOL USE

37. Are you sober at this time?

- [ ] 1. Yes
- [ ] 2. No

38. How long has it been since your last drink?

Enter the actual numbers in the spaces provided.

\_\_\_ Mos. \_\_\_ Wks. \_\_\_ Days

\_\_\_ Hrs.

39. What is the longest period that you have gone without alcohol in the past six months?

Enter the actual numbers in the spaces provided.

\_\_\_ Mos. \_\_\_ Wks. \_\_\_ Days

\_\_\_ Hrs.

40. Are you able to regulate the times at which you drink?

- [ ] 1. Never or almost never
- [ ] 2. Sometimes
- [ ] 3. Most times
- [ ] 4. Always or almost always

41. When drinking, are you able to regulate or control the amount you drink?

- [ ] 1. Always or almost always
- [ ] 2. Most times
- [ ] 3. Sometimes
- [ ] 4. Never or almost never

go on to next page

42. How would you compare the frequency and amount of your present drinking to that of previous times?

- [ ] 1. Increased notably
- [ ] 2. Increased some
- [ ] 3. About the same
- [ ] 4. Decreased some
- [ ] 5. Decreased notably

43. Is drinking a problem for you at this time?

- [ ] 1. Very much so
- [ ] 2. Moderately so
- [ ] 3. Somewhat
- [ ] 4. Not at all

44. Are you finding it difficult to live without alcohol?

- [ ] 1. Very much so
- [ ] 2. Moderately so
- [ ] 3. Somewhat
- [ ] 4. Not at all

45. Does your present drinking interfere with fulfilling responsibilities to yourself or others?

- [ ] 1. Very much so
- [ ] 2. Moderately so
- [ ] 3. Somewhat
- [ ] 4. Not at all

46. Have you been drunk in public in the past six months?

- [ ] 1. No
- [ ] 2. Once or twice
- [ ] 3. More than twice

47. In the past six months have you been treated or detained for public intoxication?

- [ ] 1. No
- [ ] 2. Once
- [ ] 3. More than once

48. Are you currently cited or summoned for a driving violation involving alcohol?

- [ ] 1. No
- [ ] 2. For driving while intoxicated
- [ ] 3. For driving under the influence of alcohol

49. Have you been convicted recently of an alcohol related driving offense?

- [ ] 1. No
- [ ] 2. For driving while intoxicated
- [ ] 3. For driving under the influence of alcohol

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#### V. GENERAL INFORMATION

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50. Have you any close friends?

- [ ] 1. No
- [ ] 2. One or two
- [ ] 3. Three or four
- [ ] 4. More than four

51. Have you had any automobile accidents in the past six months?

- [ ] 1. No
- [ ] 2. One
- [ ] 3. More than one

52. How much of your free time do you spend alone?

- [ ] 1. 75-100%
- [ ] 2. 50-75%
- [ ] 3. 25-50%
- [ ] 4. 0 -25%

55

go on to next page

If you are currently unemployed, skip question 53.

53. Does your work require you to meet people?

- 1. Almost never
- 2. Sometimes
- 3. Often
- 4. Very often

54. Enter the number hours a week you typically spend in the following activities.

Enter the actual numbers in the spaces provided.

\_\_\_\_\_ Athletic activities [jogging, basketball, bowling, etc.]

\_\_\_\_\_ Other gamelike activities [cards, billiards, etc.]

\_\_\_\_\_ Reading, writing, painting, etc.

\_\_\_\_\_ Construction hobbies [sewing, model building, etc.]

\_\_\_\_\_ Watching television

\_\_\_\_\_ Attending live sports events

\_\_\_\_\_ Attending or giving parties

55. Have you been involved in any physical fights in the past six months?

- 1. No
- 2. Yes, but was unreasonably provoked
- 3. Yes, have been involved in one or more incident[s] which were probably my fault

56. Have you had recent trouble paying your bills?

72

- 1. Have no current bills or always get them paid on time
- 2. Sometimes late and/or very rarely skip a payment
- 3. Several bills are past due but am trying to get caught up
- 4. So far behind that I have stopped trying to pay my bills

57. Are you currently attending Alcoholics Anonymous?

- 1. No
- 2. Occasionally
- 3. Regularly

58. Are you getting along with others at this time?

- 1. No difficulties
- 2. Some difficulties
- 3. Many difficulties

59. Do you prefer not to get close to others?

- 1. True
- 2. Probably true
- 3. Probably false
- 4. False

60. Are you close to members of your immediate family [parents, brothers' and sisters' families, etc.]?

- 1. Little or no contact
- 2. Somewhat close
- 3. Quite close

61. Do you attend church functions other than regular weekly services [choir, Bible classes, coffee hours, etc.]?

- 1. No
- 2. Less than once a week
- 3. Once a week or more

62. Have you been charged with any criminal offense in the past six months [do not include driving or drunkenness convictions]?

- 1. No
- 2. Yes, a misdemeanor or petty crime
- 3. Yes, charged with a more serious crime, such as a felony

78

go on to next page

63. Do most of your friends drink?

- 1. True of few
- 2. True of some
- 3. True of many
- 4. True of most

64. Do you participate in groups or clubs [such as bridge clubs, lodges, fraternities, tennis clubs, etc.]?

80

- 1. Regularly
- 2. Occasionally
- 3. Rarely
- 4. No

									3
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65. Have you physically injured anyone in the past six months [do not include driving accidents]?

- 1. No or not to my knowledge
- 2. Quite unintentionally or under very unusual circumstances
- 3. Have been involved in one or more incident[s]

66. How do you feel about your contacts with other people?

- 1. Wish I had more friends or saw my friends more frequently
- 2. Content with my relationships with others
- 3. Wish I had fewer friends or that my friends would contact me less often

67. Are your relationships with other people changing?

10

- 1. Worsening
- 2. Remaining about the same
- 3. Improving

68. Have you attempted suicide in the past six months?

- 1. No
- 2. Yes, but really hoped someone would find or stop me
- 3. Yes, made a very serious attempt on my life

69. Do you get out and do things with other people such as attend movies or ball games?

- 1. Almost never
- 2. Sometimes
- 3. Often
- 4. Very often

70. Have you pleaded or been found guilty in the past six months of driving violations which did not involve alcohol?

- 1. No
- 2. A minor one
- 3. A major one or several minor ones

Answer the following questions if you are married or living in a marital-type relationship.

VI. MARRIAGE

71. How does your present relationship with your spouse [marriage partner] compare to that of previous times?

14

- 1. Noticeably better
- 2. Somewhat better
- 3. About the same
- 4. Somewhat worse
- 5. Noticeably worse

go on to next page

72. How are you getting along with your spouse?

- 1. Practically no serious disagreements
- 2. Serious disagreements, but we usually "patch things up"
- 3. Continuing serious disagreements, often unresolved

73. Is your spouse satisfied with you?

- 1. Seems to be generally satisfied with me
- 2. Has some serious complaints
- 3. Generally not satisfied with me

74. Do you and your spouse argue?

- 1. Never or almost never
- 2. Sometimes
- 3. Often
- 4. Continuously or almost continuously

75. Does your spouse make fair demands of you?

- 1. Expects and/or demands too much
- 2. Sometimes expects too much, but often fair
- 3. Almost always expects only what is fair

76. Do you and your spouse reach agreement on important issues?

- 1. On all things
- 2. On most things
- 3. On some things
- 4. On few things
- 5. Never see eye-to-eye on important matters

77. Do you express your innermost thoughts and feelings to your spouse?

- 1. On all things
- 2. On most things
- 3. On some things
- 4. On few things
- 5. Never

78. Do you feel your spouse understands you?

- 1. I think I am quite puzzling to her/him
- 2. Understands some important features
- 3. Understands me quite well

79. Do you feel your spouse accepts you?

- 1. Accepts me the way I am
- 2. Generally accepts me but wants important changes too
- 3. Does not accept me the way I am

80. Does your spouse want to remain married to you?

- 1. Seems to want to end it
- 2. Sometimes wants to end it, other times does not
- 3. Does not want to end it

81. Does your spouse do the work you expect of a marriage partner?

- 1. Seldom does what is expected
- 2. Does poorly in some things, okay in others
- 3. Usually does what is expected

82. Would you like to terminate your marriage if you could do so in a reasonable manner?

- 1. Clearly prefer to end it
- 2. Sometimes want to end it, other times do not
- 3. Clearly prefer not to end it

25

NATIONAL ALCOHOL PROGRAM INFORMATION SYSTEM  
(NAPIS), ATC CLIENT INTAKE FORM

- Author:** National Institute on Alcohol Abuse and Alcoholism
- Assessment Areas Covered:** Demographics, SES, drinking history, alcohol consumption, family drinking history, alcohol problem indicators (dependence), behavioral aspects of drinking, treatment history, motor vehicle driving arrests, legal perception of drinking problem, treatment status, insurance, epidemiology
- Administration:** Administered to sober clients by treatment program staff on client's admission to the program
- Design Features:** 34 items; yes/no, multiple choice, and completion; coded data are available on tape (6250 BPI)
- Abstract:** NAPIS, a national system for monitoring NIAAA-funded alcoholism treatment facilities, was used from 1971 to 1976. Data for this period exist for Alcohol Treatment Centers and several smaller categorical programs. Client Intake Forms were completed for approximately 100,000 clients in treatment each year--somewhat less in the first years. The intake form was administered to all clients starting treatment. It assesses basic background information and drinking behavior. A slight modification of this form, preserving all questions about those behaviors subject to change, was administered in followup interviews at 30 days and at 6 months after intake. See also Stanford Research Institute, ATC Followup Questionnaire.
- Related Published Reports:** There are many published and unpublished reports on NAPIS. The following is a selection; additional reports were prepared by NIAAA.
- National Institute on Alcohol Abuse and Alcoholism, Office of Program Development and Analysis. National Alcoholism Program Information System (NAPIS). Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1979.
- National Institute on Alcohol Abuse and Alcoholism. National Alcoholism Program Information System (NAPIS) Documentation. Vol. I. Data Collection Forms and Procedures. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1971.
- National Institute on Alcohol Abuse and Alcoholism. Program Analysis and Evaluation Branch Statistical Report. NIAAA Funded Treatment Programs: Calendar Year 1978. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off. 1979.
- National Institute on Alcohol Abuse and Alcoholism, Program Analysis and Evaluation Branch. Statistical Report on NIAAA Funded Treatment Programs for Calendar Year 1979. Data From the National Alcoholism Programs Information System (NAPIS). Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1981.
- National Institute on Alcohol Abuse and Alcoholism, Program Analysis and Evaluation Branch. Statistical Report on NIAAA Funded Treatment Programs for Calendar Year 1980. Data from the National Alcoholism Program Information System (NAPIS). Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1982.

Availability Source: Director, Division of Biometry and Epidemiology, National Institute on Alcohol Abuse and Alcoholism, 5600 Fishers Lane, Rockville, Maryland 20857, telephone: (301) 443-3306. The instrument is in the public domain and may be reproduced without permission.



**CLIENT INTAKE FORM**

Staff Member's Name

ATC Name

Length of Interview

Name (Last) (First) (MI)

Address: Number & Street City Zip Code County Phone

ATC Code 1 7 Client Code 8 13 Social Security Number 14 22  
 Census Tract, MCD, or CCD No. 23 Type Identification Number 30 County Code 31 33 Prof. Code 34 Time Code 36

1. Date of Intake 38 Month Day Year 43

2. Date Form Filled Out 44 Month Day Year 49

3. Birth Date 50 Month Day Year 55

4. Service Status Code 56

5. Sex: 58 1 Male 2 Female

6. Client resides in ATC catchment area: 59 1 Yes 2 No

7. Marital Status  
 (a) What is client's present marital status?  
 1 Never married (GO ON TO B2)  
 2 Married  
 60 3 Widowed  
 4 Divorced/Annulled  
 5 Separated  
 (b) If Separated:  
 For how many years and/or months? 61 No. 65 Age  
 (c) How many times has client been married?  
 (d) How old was client when he (first) married? 66

COMMENTS

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8. Residence Information

(a) How many residences (addresses) has client had during the past 5 years?

Number

(b) How long has client lived in the state?

Years Months

(c) How long has client lived in his present community or neighborhood?

Years Months

Note to Interviewer: Obtain the following residence information about client's permanent address.

(d) How long has client lived at his present address?

Years Months

(e) Does client own or rent his home?

- 1  Owns  
 28 2  Rents  
 3  Other \_\_\_\_\_  
 (Specify)

(f) What type of residence does client live in?

- 1  Group quarters (e.g., rooming house, dormitory, mission) (GO ON TO 10a)  
 29 2  Apartment  
 3  House  
 4  Other \_\_\_\_\_  
 (Specify)

9. Household Composition

(a) Does client live alone or with others?

- 1  Alone  
 30 2  With others

(b) What is the total number of persons living in client's household (including client)?

Total

10. Religion

(a) What was client's religion of upbringing?

- 1  Protestant  
 2  Catholic  
 33 3  Jewish  
 4  None  
 5  Other \_\_\_\_\_  
 (Specify)

(b) What religion does client presently practice?

- 1  Protestant  
 2  Catholic  
 34 3  Jewish  
 4  None  
 5  Other \_\_\_\_\_  
 (Specify)

11. Military

(a) Is client now in military service?

- 1  No  
 35 2  Yes, active (GO ON TO c)  
 3  Yes, reserves

(b) Is client a veteran of military service?

- 1  No  
 36 2  Yes

(c) If YES: How many years of active duty?

Years

12. Education

(a) What was the highest grade client completed in school?

- (Check one)  
 1  No schooling (GO ON TO 13)  
 2  1-4 grade  
 3  5-6 grade  
 4  7 grade  
 5  8 grade  
 6  9-11 grade  
 39-40 7  12 grade  
 8  Vocational, Business, or Technical  
 9  1 year College  
 10  2 years College  
 11  3 years College  
 12  4 years College  
 13  Graduate School

(b) In what year did client complete this grade?

Year  
  
 41

13. What is client's principal occupational training?

(Please describe briefly: for example, civil engineer, college teacher, elementary school teacher, draftsman, office manager, book keeper, bulldozer operator, sheet metal worker, and so on. If none, so state.)

Occupation Code

14. What is client's current or most recent occupation?

(Please describe briefly as in the last question. If client is a housewife or student, so state.)

Occupation Code

The information entered on these forms will be handled in the strictest confidence and no individual patient records containing information concerning the identity of the client will be released to unauthorized personnel.

MH-401-2  
 7-72

ATC Code

Client Code

Date

CIF-2

**15. Employment**

- (a) Does client have a job now?  
 1  No (GO ON TO c)  
 2  Yes, full time  
 47 3  Yes, part time  
 4  Yes, odd jobs
- (b) If YES: Check type of job (GO ON TO e)  
 1  Private wage or salary worker  
 2  Federal government worker  
 48 3  State or local government worker  
 4  Self-employed
- (c) If NO: Has client been looking for work during the past month?  
 1  Yes (GO ON TO e)  
 49 2  No
- (d) If NO: What is the main reason client was not looking for work last month? (Check one)  
 1  Housewife  
 2  Student  
 3  Retired/too old  
 4  Permanently disabled  
 50 5  Drinking problem  
 6  Institutionalized  
 7  Doesn't want a job  
 8  No job available  
 9  Other \_\_\_\_\_  
 (Specify) Number
- (e) How many jobs has client held during the past year?  51
- (f) Approximately how many months was client employed during the past year?  53  
 Months
- (g) Approximately how many days did client work last month?  55  
 Days

**16. Financial Support**

- (a) What was client's major source of financial support last month? (Check one)  
 1  Job  
 2  Spouse  
 3  Family or friends  
 4  Public assistance (welfare)  
 57 5  Pension (include Social Security)  
 6  Insurance (include Workmen's Compensation, Unemployment Insurance)  
 7  Illegal  
 8  Savings/Investments  
 9  Other \_\_\_\_\_  
 (Specify)

- (b) What was client's second most important source of financial support last month? (Check one)  
 1  Job  
 2  Spouse  
 3  Family or friends  
 4  Public assistance (welfare)  
 5  Pension (include Social Security)  
 59 6  Insurance (include Workmen's Compensation, Unemployment Insurance)  
 7  Illegal  
 8  Savings/Investments  
 9  Other \_\_\_\_\_  
 (Specify)

**17. Income**

- (a) What was the gross income earned by client last month?  
 1  None  
 2  \$85 or less  
 3  \$86-\$250  
 4  \$251-\$499  
 60 5  \$500-\$835  
 6  \$836-\$1,250  
 7  Over \$1,250  
 8  Unwilling to state
- (b) What was the shared gross income of the household in which client lived last month? (Include income from all sources)  
 1  None  
 2  \$250 or less  
 3  \$251-\$499  
 4  \$500-\$835  
 61 5  \$836-\$1,250  
 6  Over \$1,250  
 7  Don't know  
 8  Unwilling to state
- (c) What was the approximate shared gross income of the household in which client lived last year? (Include income from all sources)  
 1  Less than \$1,000  
 2  \$1,000-\$1,999  
 3  \$2,000-\$2,999  
 4  \$3,000-\$3,999  
 5  \$4,000-\$4,999  
 6  \$5,000-\$5,999  
 7  \$6,000-\$6,999  
 8  \$7,000-\$7,999  
 62-63 9  \$8,000-\$8,999  
 10  \$9,000-\$9,999  
 11  \$10,000-\$11,999  
 12  \$12,000-\$13,999  
 13  \$14,000-\$15,999  
 14  \$16,000 or more  
 15  Don't know  
 16  Unwilling to state

The information entered on these forms will be handled in the strictest confidence and no individual patient records containing information concerning the identity of the client will be released to unauthorized personnel.

MH-401-2  
7-72

ATC Code

Client Code

Date

CIF-3

18. Drinking history

(a) At approximately what age did client first start drinking frequently or heavily? 64 Age

(b) Approximately how many years has client been drinking frequently or heavily? 66 Years

CARD 3( Repeat 1-13)

19. Family drinking

Determine which of the following persons were present when client was growing up, and whether anyone of them drank occasionally, frequently, or had a drinking problem.

	Not		Did anyone drink?		
	Present	No	Occ.	Freq.	Prob.
14 (a) Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 (b) Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 (c) Brother end/or Sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 (d) Other persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. AA Meetings

(a) Has client attended AA meetings during recent weeks?

1  Regularly

18 2  Occasionally

3  No

(b) Has client ever attended AA meetings?

1  No (GO ON TO 21a)

19 2  Yes

(c) If YES: Over a period of how many years? 20 Years

21. Previous alcoholism treatment

(a) Has client received treatment other than AA within the past 5 years?

1  No (GO ON TO 22)

2  Yes, from this ATC

22 3  Yes, from other agencies, programs

4  Yes, both from this ATC and other agencies

(b) If YES: Specify name of agency, length of treatment, and the date of termination or dropout of the 3 most recent.  
(List this ATC first, if applicable.)

	Agency Code	Length of Treatment (Weeks)	Termination Date	
			Month	Year
(1)	<span style="border: 1px solid black; padding: 2px;">23</span>	<span style="border: 1px solid black; padding: 2px;">25</span>	<span style="border: 1px solid black; padding: 2px;">28</span>	<span style="border: 1px solid black; padding: 2px;">31</span>
(2)	<span style="border: 1px solid black; padding: 2px;">32</span>	<span style="border: 1px solid black; padding: 2px;">34</span>	<span style="border: 1px solid black; padding: 2px;">37</span>	<span style="border: 1px solid black; padding: 2px;">40</span>
(3)	<span style="border: 1px solid black; padding: 2px;">41</span>	<span style="border: 1px solid black; padding: 2px;">43</span>	<span style="border: 1px solid black; padding: 2px;">46</span>	<span style="border: 1px solid black; padding: 2px;">49</span>

22. Household drinking

Determine which of the following persons are now living in client's household, and whether anyone of them drinks occasionally, frequently, or has a drinking problem. If client lives alone, check "Not Present" for all categories.

	Not		Does anyone drink?		
	Present	No	Occ.	Freq.	Prob.
50 (a) Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51 (b) Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52 (c) Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53 (d) Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54 (e) Brother end/or Sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55 (f) Other persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(g) Are any of these persons currently undergoing alcoholism treatment? (Check one)

1  No

2  Yes, from this ATC

56 3  Yes, from other agencies, programs

4  Yes, both from this ATC and other agencies

23. Motor vehicle driving and arrests

(a) Does client drive a car, truck, or other motor vehicle?

1  No (GO ON TO 24)

57 2  Yes

(b) If YES: How many times has client been arrested for drinking and driving during the past year? 58 Number

24. Other arrests

How many times has client been arrested for drinking, not related to driving, during the past year? 60 Number

25. How many times has client been in jail for any reason?

62 Number

26. Hospitalization

(a) How many times has client been hospitalized during the past year? 64 Number

(b) How many of these times were alcohol related? 66 Number

27. How many days has client been institutionalized (e.g., in the hospital, in jail) during the past month?

68 Days

The information entered on these forms will be handled in the strictest confidence and no individual patient records containing information concerning the identity of the client will be released to unauthorized personnel.

MH-401-2  
7-72

ATC Code           

Client Code           

Date               

CIF-4

28. Drinking status

(a) How long has it been since client's last drink?

- 1  1-6 days
- 2  7-29 days
- 14 3  1-5 months
- 4  6-11 months
- 5  1-2 years
- 6  Over 2 years

(b) What was client's longest "dry" period (abstinence) during the past 3 months?

- 1  None
- 2  1-2 days
- 15 3  3-6 days
- 4  1-2 weeks
- 5  3-4 weeks
- 6  5-8 weeks
- 7  Over 2 months

(c) How many days did client drink during the past month?

Days

16 Days

(d) How many days was client's most recent drinking bout?

Days

18

Note to Interviewer: If the client has been institutionalized during the past month, obtain the information requested in questions 29-32 for the month before he was institutionalized.

29. Drinking quantity and frequency—Beer

(a) Did client drink beer during the past month?

- 20 1  No (GO ON TO 30a)
- 2  Yes

(b) If YES: About how often did client drink any beer?

- 1  Constantly
- 2  Every day
- 3  Nearly every day
- 21 4  3-4 days a week
- 5  1-2 days a week
- 6  Weekends only
- 7  Less often than weekly

(c) About how much did client drink in a typical day?

Note to Interviewer: 1 quart = three 11 oz. bottles (cans) or four 8 oz. glasses.

- 1  6 quarts or more
- 2  5 quarts
- 22 3  4 quarts
- 4  3 quarts
- 5  1-2 quarts
- 6  1-3 glasses

30. Drinking quantity and frequency—Wine

(a) Did client drink wine during the past month?

- 23 1  No (GO ON TO 31a)
- 2  Yes

(b) If YES: About how often did client drink any wine?

- 1  Constantly
- 2  Every day
- 24 3  Nearly every day
- 4  3-4 days a week
- 5  1-2 days a week
- 6  Week ends only
- 7  Less often than weekly

(c) About how much did client drink in a typical day?

Note to Interviewer: 1 fifth is a standard size bottle and is equal to about three 8 oz. water or six 4 oz. wine glasses. There are 5 fifths to a gallon or 2½ fifths to a half gallon.

- 1  5 fifths or more
- 2  3-4 fifths
- 25 3  2 fifths
- 4  1 fifth
- 5  2 or 3 water glasses or 4-6 wine glasses
- 6  1 water glass or 1 or 2 wine glasses

31. Drinking quantity and frequency—Liquor

(a) Did client drink whiskey, gin, or other hard liquor during the past month?

- 26 1  No (GO ON TO 32a)
- 2  Yes

(b) If YES: About how often did client drink any hard liquor?

- 1  Constantly
- 2  Every day
- 3  Nearly every day
- 27 4  3-4 days a week
- 5  1-2 days a week
- 6  Weekends only
- 7  Less than weekly

(c) About how much did client drink in a typical day?

Note to Interviewer: 1 pint = 16 oz. or sixteen 1 oz. shots. There are 2 pints in 1 quart and a little over 1½ pints in a fifth.

- 1  4 pints or more
- 2  3 pints
- 3  2 pints
- 28 4  1 pint
- 5  11-14 shots
- 6  7-10 shots
- 7  4-6 shots
- 8  1-3 shots

The information entered on these forms will be handled in the strictest confidence and no individual patient records containing information concerning the identity of the client will be released to unauthorized personnel.

MH-401-2  
7-72

ATC Code

Client Code

Date

CIF-5

32. Behavioral aspects of drinking

*Note to Interviewer: Determine the following for client during past month.*

- 29 (a) Number of times drunk . . . . . 1  None 2  1-4 3  5-10 4  More than 10
- 30 (b) Longest period between drinks . . . . . 1  12 hours or more 2  Less than 12 hours
- 31 (c) Longest period of continued drinking . . . . . 1  Less than 6 hours 2  6-12 hours 3  More than 12 hrs
- 32 (d) Number of days had drink upon awaking . . . . . 1  None 2  1-4 3  5-10 4  More than 10
- 33 (e) Meals missed because of drinking . . . . . 1  None 2  1-4 3  5-10 4  More than 10
- 34 (f) Percent of time drinking alone . . . . . 1  0-9% 2  10-25% 3  26-50% 4  More than 50%
- 35 (g) Number of memory lapses or "blackouts" . . . . . 1  None 2  1-2 3  3-5 4  More than 5
- 36 (h) Number of times had the "shakes" . . . . . 1  None 2  1-2 3  3-5 4  More than 5
- 37 (i) Number of nights had difficulty sleeping . . . . . 1  None 2  1-2 3  3-5 5  More than 5
- 38 (j) Number of quarrels with others while drinking . . . . . 1  None 2  1-2 3  3-5 4  More than 5
- 39 (k) Drinking while on job/during daily activities . . . . . 1  No 2  Yes
- (l) Days of work missed/days of inactivity
- 40 because of drinking . . . . . 1  None 2  1-2 3  3-5 4  More than 5

33. Client self-perception

*Note to Interviewer: Question 33 is to determine client's perception of his own drinking problem. Do not give your opinion. Please read the questions exactly as they are worded below, do not reword them.*

- (a) How would you, yourself, describe your drinking problem at the present time—would you say none, social drinking, problem drinking on sprees, or steady problem drinking?  
1  None (no drinking at all)  
2  Social drinking  
41 3  Problem drinking on sprees  
4  Steady problem drinking
- (b) At the moment, how serious a problem do you feel your drinking is—is it no problem at all, a slight problem, a moderate problem, or a very serious problem?  
1  No problem at all  
2  A slight problem  
42 3  A moderate problem  
4  A very serious problem
- (c) During the past month would you say that your drinking problem has improved, stayed about the same, or worsened?  
1  Improved  
43 2  Stayed about the same  
3  Worsened
- (d) What do you think you will be able to do in the next few months about your drinking? Do you intend to stop altogether, cut down, stay the same, or drink more?  
1  Stop altogether  
2  Cut down  
44 3  Stay the same  
4  Drink more

- (e) Do you worry about any of these things?  
45 (1) Getting and keeping a job you like? 1  Yes 2  No  
46 (2) Finding friends that don't drink? 1  Yes 2  No  
47 (3) Getting along with people? 1  Yes 2  No  
48 (4) Getting along with your family? 1  Yes 2  No  
49 (5) Finding a good place to live? 1  Yes 2  No  
50 (6) Your health? 1  Yes 2  No  
51 (7) Having enough money to live on? 1  Yes 2  No  
52 (8) Finding things to do in your spare time? 1  Yes 2  No

*Note to Interviewer: Ask question (f) only if client has been in the program for at least 24 hours.*

- (f) In general, how do you feel about the way you are being treated at this center—are you very satisfied, somewhat satisfied, somewhat dissatisfied, very dissatisfied, or just neutral?  
1  Very satisfied  
2  Somewhat satisfied  
53 3  Somewhat dissatisfied  
4  Very dissatisfied  
5  Just neutral

34. Medical questions

- (a) Was a medical examination given on intake (or at the time of initial contact)?  
54 1  Yes 2  No
- (b) Is client currently under medical care?  
55 1  Yes 2  No
- (c) If NO. Are treatment and medical management needed?  
56 1  Yes 2  No
- (d) If treatment and medical management are needed, was client referred for treatment?  
57 1  Yes 2  No

The information entered on these forms will be handled in the strictest confidence and no individual patient records containing information concerning the identity of the client will be released to unauthorized personnel.

MH-401-2  
7-72

ATC Code

Client Code

Date

CIF-6

**NATIONAL ALCOHOL PROGRAM INFORMATION SYSTEM  
(NAPIS), ATC CLIENT PROGRESS  
AND FOLLOWUP FORM**

- Author:** National Institute on Alcohol Abuse and Alcoholism
- Assessment Areas Covered:** Demographics, alcohol consumption, family drinking history, alcohol problem indicators (dependence), behavioral aspects of drinking, perception of drinking problem, treatment history
- Administration:** Administered to clients by treatment program staff 6 months (180 days) after admission; at in-treatment and followup.
- Design Features:** 27 items--yes/no, multiple-choice, and completion; coded data are available on tape (6250 BPI); a unique client identifier code is used, which is not traceable to individuals from the data tapes.
- Abstract:** NAPIS, a national system for monitoring NIAAA-funded alcoholism treatment facilities, was used from 1971 to 1976. Data for this period exist for Alcohol Treatment Centers and several smaller categorical programs. Client Progress and Followup Forms were completed for approximately 20 percent of all clients who entered treatment 6 months previously. The followup group tended to oversample clients who remained in treatment. See also Stanford Research Institute, ATC Followup Questionnaire.
- Related Published Reports:** There are many published and unpublished reports on NAPIS. The following is a selection; additional reports were prepared by NIAAA.
- National Institute on Alcohol Abuse and Alcoholism, Office of Program Development and Analysis. National Alcoholism Program Information System (NAPIS). Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1979.
- National Institute on Alcohol Abuse and Alcoholism. National Alcoholism Program Information System (NAPIS) Documentation. Vol. 1. Data Collection Forms and Procedures. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1979.
- National Institute on Alcohol Abuse and Alcoholism, Program Analysis and Evaluation Branch. Statistical Report on NIAAA Funded Treatment Programs for Calendar Year 1979. Data from the National Alcoholism Programs Information System (NAPIS). Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1981.
- National Institute on Alcohol Abuse and Alcoholism, Program Analysis and Evaluation Branch. Statistical Report on NIAAA Funded Treatment Programs for Calendar Year 1980. Data from the National Alcoholism Program Information System (NAPIS). Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1982.
- Availability Source:** Director, Division of Biometry and Epidemiology, National Institute on Alcohol Abuse and Alcoholism, 5600 Fishers Lane, Rockville, Maryland 20857, telephone: (301) 443-3306. The instrument is in the public domain and may be reproduced without permission.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
 HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION  
 NATIONAL INSTITUTE OF MENTAL HEALTH  
 NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM  
**CLIENT PROGRESS AND FOLLOWUP FORM**

FORM APPROVED  
 OMB NO. 68-R1313

Staff Member's Name

ATC Name

Length of Interview

Name (Last) (First) (MI)

Address:	Number & Street	Phone
	City Zip Code County	

ATC Code	Client Code	Social Security Number
1 7	8 13	14 22
Census Tract, MCD, or CCD No.	County Code	Prof. Code
23 TYPE IDENTIFICATION NUMBER 30	31 33	34
		Time Code 36

1. Date form filled out

Month	Day	Year
38		43

2. Birth Date

Month	Day	Year
44		49

3. Report Type

<input type="checkbox"/> 30 day	<input type="checkbox"/> 1 year
<input type="checkbox"/> 90 day	<input type="checkbox"/> Subsequent report
<input type="checkbox"/> 180 day	

4. Service Status

Code
51

5. Report Information

(a) Is this a:

- 53  Progress Report  
 Followup Report

(b) How many times did the ATC attempt to contact client for this interview?

54 No.

(c) Was the interview:

- 55  Not completed (GO ON TO e)  
 Completed  
 Partially completed

(d) If completed or partially completed:

Where was the interview conducted?

- 56  By telephone  
 At the ATC  
 At the client's home  
 Elsewhere \_\_\_\_\_ (Specify)

(e) If not completed:

Why was the report not completed?

- 57  Client refused interview  
 Client moved away  
 Client is inaccessible (e.g., in jail)  
 Client could not be located  
 Client deceased

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**6. Present marital status**

What is client's present marital status?

- 1  Never Married
- 2  Married
- 3  Widowed
- 58 4  Divorced/Annulled
- 5  Separated
- 6  Reunited with spouse

**7. Residence Information**

(a) Has client moved since the last report?

- 1  No
- 59 2  Yes

(b) How long has client lived at his present address?

Years	Months
60	63

(c) Does client own or rent his home?

- 1  Owns
- 64 2  Rents
- 3  Other \_\_\_\_\_

(Specify)

(d) What type of residence does client live in?

- 1  Group quarters (e.g., rooming house, dormitory, mission) (GO ON TO 9)
- 65 2  Apartment
- 3  House
- 4  Other \_\_\_\_\_

(Specify)

**CARD 2 (Repeat 1-13)**

**8. Household Composition**

(a) Does client live alone or with others?

- 1  Alone
- 14 2  With others

(b) What is the total number of persons living in client's household?

Total
15

**9. What is client's current or most recent occupation?**

(Please describe briefly: for example, civil engineer, college teacher, elementary school teacher, draftsman, office manager, bookkeeper, bulldozer operator, sheetmetal worker, and so on. If client is a housewife or student, so state.)

Occupation Code
17

**10. Employment**

(a) Does client have a job now?

- 1  No (GO ON TO c)
- 19 2  Yes, full time
- 3  Yes, part time
- 4  Yes, odd jobs

(b) If YES: Check type of job (GO ON TO e)

- 1  Private wage or salary worker
- 20 2  Federal government worker
- 3  State or local government worker
- 4  Self-employed

(c) If NO: Has client been looking for work during the past month?

- 21 1  Yes (GO ON TO e)
- 2  No

(d) If NO: What is the main reason client was not looking for work last month? (Check one)

- 1  Housewife
- 2  Student
- 3  Retired/too old
- 4  Permanently disabled
- 5  Drinking problem
- 6  Institutionalized
- 7  Doesn't want a job
- 8  No job available
- 9  Other \_\_\_\_\_

(Specify)

(e) Approximately how many days did client work last month?

Days
23

**11. Financial Support**

(a) What was client's major source of financial support last month? (Check one)

- 1  Job
- 2  Spouse
- 3  Family or friends
- 25 4  Public assistance (welfare)
- 5  Pension (include Social Security)
- 6  Insurance (include Workmen's Compensation, Unemployment Insurance)
- 7  Illegal
- 8  Savings/Investments
- 9  Other \_\_\_\_\_

(Specify)

(b) What was client's second most important source of financial support last month? (Check one)

- 1  Job
- 2  Spouse
- 3  Family or friends
- 4  Public assistance (welfare)
- 27 5  Pension (include Social Security)
- 6  Insurance (include Workmen's Compensation, Unemployment Insurance)
- 7  Illegal
- 8  Savings/Investments
- 9  Other \_\_\_\_\_

(Specify)

The information entered on these forms will be handled in the strictest confidence and no individual patient records containing information concerning the identity of the client will be released to unauthorized personnel.

MH-401-4  
7-72

ATC Code

Client Code

Date

CPF-2

12. Income

(a) What was the gross income earned by client last month?

- 1  None
- 2  \$85 or less
- 3  \$86-\$250
- 28 4  \$251-\$499
- 5  \$500-\$835
- 6  \$836-\$1,250
- 7  Over \$1,250
- 8  Unwilling to state

(b) What was the shared gross income of the household in which client lived last month? (Include income from all sources)

- 1  None
- 2  \$250 or less
- 3  \$251-\$499
- 29 4  \$500-\$835
- 5  \$836-\$1,250
- 6  Over \$1,250
- 7  Don't know
- 8  Unwilling to state

13. AA Meetings

Has client attended AA meetings during recent weeks?

- 30 1  Regularly      2  Occasionally      3  No

14. Other alcoholism treatment

(a) Is client presently receiving alcoholism treatment services, other than AA, at another agency?

- 31 1  No (GO ON TO 15a)      2  Yes

(b) If YES: Specify name of agency.

Agency Code

32

15. Household drinking

Determine which of the following persons are now living in client's household, and whether anyone of them drinks occasionally, frequently, or has a drinking problem. If client lives alone, check "Not Present" for all categories.

	Does anyone drink?				
	Present	No	Occ.	Freq.	Prob.
34 (a) Spouse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
35 (b) Children	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
36 (c) Father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
37 (d) Mother	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
38 (e) Brother and/or Sister	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
39 (f) Other persons,	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

(g) Are any of these persons currently undergoing alcoholism treatment? (Check one)

- 1  No
- 40 2  Yes, from this ATC
- 3  Yes, from other agencies, programs
- 4  Yes, both from this ATC and other agencies

16. Motor vehicle driving and arrests

(a) Does client drive a car, truck, or other motor vehicle?

- 41 1  No (GO ON TO 17)  
2  Yes

(b) If YES: How many times has client been arrested for drinking and driving since the last report?

Number

17. Other arrests

How many times has client been arrested for drinking, not related to driving, since the last report?

Number  
44

18. How many times has client been in jail for any reason since the last report?

Number  
46

19. Hospitalization

(a) How many times has client been hospitalized since the last report?

Number  
48

(b) How many of these times were alcohol related?

Number  
50

20. How many days has client been institutionalized (e.g., in the hospital, in jail) during the past month?

Days  
52

21. Drinking status

(a) How long has it been since client's last drink?

- 1  1-6 days
- 2  1-2 weeks
- 3  3-4 weeks
- 54 4  5-8 weeks
- 5  9-12 weeks
- 6  3-4 months
- 7  4-6 months
- 8  Over 6 months

(b) What was client's longest "dry" period (abstinence) since the last report?

- 1  None
- 2  1-2 days
- 3  3-6 days
- 4  1-2 weeks
- 55-56 5  3-4 weeks
- 6  5-8 weeks
- 7  9-12 weeks
- 8  3-4 months
- 9  4-6 months
- 10  Over 6 months

(c) Has client been drinking since the last report?

- 57 1  No    2  Yes

(d) How many days did client drink during the past month?

Days  
58

(a) How many days was client's most recent drinking bout since the last report?

Days  
60

The information entered on these forms will be handled in the strictest confidence and no individual patient records containing information concerning the identity of the client will be released to unauthorized personnel.

MH-401-4  
7-72

ATC Code

Client Code

Date

CPF-3

22. Drinking quantity and frequency—Beer

(a) Did client drink beer during the past month?

- 62  No (GO ON TO 23a)
- Yes

(b) If YES: About how often did client drink any beer?

- Constantly
- Every day
- Nearly every day
- 63  3-4 days a week
- 1-2 days a week
- Weekends only
- Less often than weekly

(c) About how much did client drink in a typical day?

Note to Interviewer: 1 quart = three 11 oz. bottles (cans) or four 8 oz. glasses.

- 6 quarts or more
- 5 quarts
- 64  4 quarts
- 3 quarts
- 1-2 quarts
- 1-3 glasses

23. Drinking quantity and frequency—Wine

(a) Did client drink wine during the past month?

- 65  No (GO ON TO 24a)
- Yes

(b) If YES: About how often did client drink any wine?

- Constantly
- Every day
- Nearly every day
- 66  3-4 days a week
- 1-2 days a week
- Weekends only
- Less often than weekly

23. Wine (continued)

(c) About how much did client drink in a typical day?

Note to Interviewer: 1 fifth is a standard size bottle and is equal to about three 8 oz. water glasses or six 4 oz. wine glasses. There are 5 fifths to a gallon or 2 1/2 fifths to a half gallon.

- 5 fifths or more
- 3-4 fifths
- 2 fifths
- 67  1 fifth
- 2 or 3 (water) glasses or 4-6 wine glasses
- 1 water glass or 1 or 2 wine glasses

24. Drinking quantity and frequency—Liquor

(a) Did client drink whiskey, gin, or other hard liquor during the past month?

- 68  No (GO ON TO 25a)
- Yes

(b) If YES: About how often did client drink any hard liquor?

- Constantly
- Every day
- Nearly every day
- 69  3-4 days a week
- 1-2 days a week
- Weekends only
- Less than weekly

(c) About how much did client drink in a typical day?

Note to Interviewer: 1 pint = 16 oz. or sixteen 1 oz. shots. There are 2 pints in 1 quart and a little over 1 1/2 pints in a fifth.

- 4 pints or more
- 3 pints
- 2 pints
- 1 pints
- 70  11-14 shots
- 7-10 shots
- 4-6 shots
- 1-3 shots

The information entered on these forms will be handled in the strictest confidence and no individual patient records containing information concerning the identity of the client will be released to unauthorized personnel.

MH-401-4  
7-72

ATC Code

Client Code

Date

CPF-4

25. Behavioral aspects of drinking

Note to Interviewer: Determine the following for client during past month.

- 14 (a) Number of times drunk . . . . .  None     1-4     5-10     More than 10
- 15 (b) Longest period between drinks . . . . .  12 hours or more     Less than 12 hours
- 16 (c) Longest period of continued drinking . . . . .  Less than 6 hours     6-12 hrs     More than 12 hrs
- 17 (d) Number of days hed drink upon awaking . . . . .  None     1-4     5-10     More than 10
- 18 (e) Meals missed because of drinking . . . . .  None     1-4     5-10     More than 10
- 19 (f) Percent of time drinking alone . . . . .  0-9%     10-25%     26-50%     More than 50%
- 20 (g) Number of memory lepses or "blackouts" . . . . .  None     1-2     3-5     More than 5
- 21 (h) Number of times hed the "shakes" . . . . .  None     1-2     3-5     More than 5
- 22 (i) Number of nights hed difficulty sleeping . . . . .  None     1-2     3-5     More than 5
- 23 (j) Number of querrels with others while drinking . . . . .  None     1-2     3-5     More than 5
- 24 (k) Drinking while on job/during daily activities . . . . .  No     Yes
- (l) Days of work missed/days of inactivity
- 25 because of drinking . . . . .  None     1-2     3-5     More than 5

26. Client self-perception

Note to Interviewer: Question 26 is to determine the client's perception of his own drinking problem. Do not give your opinion. Please read the questions exactly as they are worded below, do not reword them.

- (e) How would you, yourself, describe your drinking problem at the present time—would you say none, social drinking, problem drinking on sprees, or steady problem drinking?
  - None (no drinking at all)
  - 26  Social drinking
  - Problem drinking on sprees
  - Steady problem drinking
- (b) At the moment, how serious a problem do you feel your drinking is—is it no problem at all, a slight problem, a moderate problem, or a very serious problem?
  - No problem at all
  - 27  A slight problem
  - A moderate problem
  - A very serious problem
- (c) During the past month would you say that your drinking problem has improved, stayed about the same, or worsened?
  - Improved
  - 28  Stayed about the same
  - Worsened
- (d) What do you think you will be able to do in the next few months about your drinking? Do you intend to stop altogether, cut down, stay the same, or drink more?
  - Stop altogether
  - 29  Cut down
  - Stay the same
  - Drink more

- (e) Do you worry about any of these things?
  - 30 (1) Getting end keeping e job you like?     Yes     No
  - 31 (2) Finding friends that don't drink?     Yes     No
  - 32 (3) Getting along with people?     Yes     No
  - 33 (4) Getting along with your family?     Yes     No
  - 34 (5) Finding e good place to live?     Yes     No
  - 35 (6) Your health?     Yes     No
  - 36 (7) Having enough money to live on?     Yes     No
  - 37 (8) Finding things to do in your spare time?     Yes     No
- (f) In general, how do you feel about the way you ere being treated at this center—ere you very satisfied, somewhat satisfied, somewhat dissatisfied, very dissatisfied, or just neutral?
  - Very satisfied
  - Somewhat satisfied
  - 38  Somewhat dissatisfied
  - Very dissatisfied
  - Just neutral
- (g) Do you feel that this center's program has helped you greatly, somewhat, e little, not et all, or ere you unsure?
  - Greetly
  - Somewhat
  - 39  A little
  - Not et all
  - Unsure

27. Medical questions

- (e) Wes e medical examination given since the last report?
  - 40  Yes     No
- (b) Is client currently under medical care?
  - 41  Yes     No
- (c) If NO: Are treatment end medical management needed?
  - 42  Yes     No
- (d) If treatment and medical management are needed, was client referred for treatment?
  - 43  Yes     No

The information entered on these forms will be handled in the strictest confidence end no individual patient records containing information concerning the identity of the client will be released to unauthorized personnel.

MH-401-4  
7-72

ATC Code

Client Code

Date

CPF-5

## HEALTH STATUS OF SUCCESSFULLY TREATED ALCOHOLICS PRE-TREATMENT CHART SCHEDULE AND FOLLOW-UP INTERVIEW SCHEDULE

- Authors: E.M. Pattison, R. Coe, R.J. Rhodes, H.O. Doerr, E.B. Headley, G.C. Gleser, and L.A. Gottschalk
- Assessment Areas Covered: Alcohol consumption, behavioral aspects of drinking, emotional status, interpersonal relations, demographics, employment
- Administration: Interviewer-administered; interviewer must judge responses and select best item choice response; at screening, intake, and followup.
- Design Features: 5 scales, built from 5 point, anchored Likert items

Abstract: Using a modification of an alcoholism followup schedule developed and standardized by Gerard et al. (1962), scales were constructed to assess physical health (PH), interpersonal health (IH), and vocational health (VH). The sum of subscale scores yields a total score in each of these areas for purposes of statistical analysis. Mental health (MH) is assessed using the total score on the Spitzer Mental Status Schedule (Spitzer et al. 1964). A drinking scale score (DSS) was devised to reflect drinking quantity, behavior, and sequelae. All the scales are ordinal with the scores increasing with pathology. The ranges for the health scales are PH (0-6), IH (0-16), VH (0-12), and MH (0-248). The DSS range is 0-15, with zero indicating abstinence, 1-6 normal drinking, and 7-15 pathological drinking. As this is an ordinal scale, score ranges represent categories more than gradations. Thus a normal drinking score (1-6) could only be achieved by a person whose drinking is less than once a week, without experiencing compulsivity to continue drinking, and without psychological, physical, or social sequelae to his or her drinking.

Two independent judges review each admission record and rate each patient for health (PH, IH, VH) and alcoholism (DSS) prior to treatment. Reconciliation of scoring is made by joint review.

Each ex-patient is interviewed in his own home by a psychiatrist expert in the field of alcoholism, without recourse to the initial records. The interview begins with the Spitzer Mental Status Schedule administered according to the prescribed routine. (Interviewer reliability was checked against eight standardized protocols, standard error of measurement = .76, reliability coefficient = .70). The rest of the interview is unstructured, but specific data are elicited for the scales PH, IH, VH, DSS, as are data on age, education, marital status, the use of other treatment resources, medications, attendance at Alcoholics Anonymous, and the motivation for drinking and abstinence. Finally the interviewer and the ex-patient each rate the current drinking status on a categorical scale.

In the nearly 20 years since the development of these schedules, the authors have found that the correlation between drinking behavior and the other four measures of life adjustment is low; alcoholics pretreatment demonstrate differential areas of impairment in all five areas measured; and alcoholics posttreatment do not demonstrate uniform improvement, but demonstrate differential improvement in different areas of assessment.

Related Published  
Reports:

Pattison, E.M.; Headley, E.B.; Gleser, G.C.; and Gottschalk, L.A. Abstinence and normal drinking: An assessment of changes in drinking patterns in alcoholics after treatment. Quarterly Journal of Studies on Alcohol, 29:610-633, 1968.

Pattison, E.M.; Coe, R.; and Rhodes, R.J. Evaluation of alcoholism treatment: A comparison of three facilities. Archives of General Psychiatry, 20:478-488, 1969.

Pattison, E.M.; Coe, R.; and Doerr, H.O. Population variation among alcoholism treatment facilities. The International Journal of the Addictions, 8:199-229, 1973.

Gerard, D.L.; Saenger, G.; and Wile, R. The abstinent alcoholic. Archives of General Psychiatry, 6:83-95, 1962.

Spitzer, R.L.; Fleiss, J.L.; Burdock, E.I.; and Hardesty, A.S. The Mental Status Schedule: Rationale, reliability and validity. Comprehensive Psychiatry, 5:384-395, 1964.

Availability Source: E. Mansell Pattison, M.D., Professor and Chairman, Department of Psychiatry and Health Behavior, Medical College of Georgia, Augusta, Georgia 30912

"HEALTH STATUS OF SUCCESSFULLY TREATED ALCOHOLICS"

Pre-Treatment Chart Schedule

(Card B)

---

Name:  
Address:  
Phone:

Chart # :  
Date Discharged:  
Date Interviewed:

---

- 1,2.    ( ) ( ) Study Number
3.      Race
- a.    ( ) White
- b.    ( ) Negro
- c.    ( ) Other
4.      Marital Status
- a.    ( ) Single
- b.    ( ) Married
- c.    ( ) Divorced
- d.    ( ) Separated
- e.    ( ) Widowed
- f.    ( ) common-law
- 5,6.    ( ) ( ) Age
- 7,8.    ( ) ( ) Education (years)
- 9,10.   ( ) ( ) Interval since discharge (months)
- 11,12.  ( ) ( ) Number of Interviews (over 100=99)
- 

13.     ( ) Vocational Scaled Score at Intake.
14.     ( ) Vocational Scaled Score at Follow-up.
- 15,16.  ( ) ( ) Health Scaled Score at Intake.
- 17,18.  ( ) ( ) Health Scaled Score at Follow-up.
- 19,20.  ( ) ( ) Interpersonal Scaled Score at Intake.
- 21,22.  ( ) ( ) Interpersonal Scaled Score at Follow-up.
- 23,24.  ( ) ( ) Drinking Scaled Score at Intake.
- 25,26.  ( ) ( ) Drinking Scaled Score at Follow-up.

27. Attitude toward Alcoholism Clinic at Intake:

- a. ( ) Wanted very much to be helped.
- b. ( ) Had some desire to be helped by Clinic.
- c. ( ) Expressed some disinclination to be helped.
- d. ( ) Protested attendance, accepted help only under duress.

80. a. ( ) Card number  
b. ( ) (this is card B.)



VOCATIONAL SCALED SCORE

Before	After	
0	0	15. Job Attendance:
1	1	a. ( ) Rarely misses work.
2	2	b. ( ) Occasionally is absent from work.
		c. ( ) Frequently is absent from work.
		16. Inter-Personal Job Relations:
0	0	a. ( ) Rarely has any personal difficulties with people on the job.
1	1	b. ( ) Occasionally has personal difficulties with people on the job.
2	2	c. ( ) Frequently has personal difficulties with people on the job.
		17. Job Performance:
0	0	a. ( ) Rarely has any difficulty carrying out his work.
1	1	b. ( ) Occasionally has difficulty carrying out his work.
2	2	c. ( ) Frequently has difficulty carrying out his work.

TOTAL

( ) ( ) Vocation (0-6 Scale)

HEALTH SCALED SCORE

Before	After	
0	0	19. Patient's description of present health status:
		a. ( ) Describes his health as unconditionally good.
1	1	b. ( ) Health is good, with certain conditional comments.
2	2	c. ( ) Health is fair; manages to get along despite what he regards as or what are illnesses.
3	3	d. ( ) Health is poor; his life is hampered by what are or what he regards as illnesses.
		20. Status of medical treatment since treatment: (not explicitly alcoholism)
0	0	a. ( ) Has not required any in-or-out patient medical treatment for any illness in the past year (minor bruises, colds, cuts).
1	1	b. ( ) Patient felt treatment was required, but was unable to obtain needed treatment. Why?
2	2	c. ( ) Has has either inpatient or outpatient treatment.

Before	After	
		<b>21. Non-specific Complaints:</b>
0	0	a. ( ) None reported.
1	1	b. ( ) Present, but no cause for concern.
2	2	c. ( ) Present, and felt to be of concern.
		<input type="checkbox"/> anxiety, tenseness, nervousness <input type="checkbox"/> digestive difficulties <input type="checkbox"/> sleeping difficulties <input type="checkbox"/> disorders of appetite <input type="checkbox"/> headaches <input type="checkbox"/> other
		<b>22. Specific Illness:</b>
0	0	a. ( ) None reported.
1	1	b. ( ) Believed present, but without medical substantiation.
2	2	c. ( ) Present and medically substantiated.
		<input type="checkbox"/> Ulcers of the stomach <input type="checkbox"/> intestinal disorders, bowel trouble <input type="checkbox"/> cardio vascular disease <input type="checkbox"/> respiratory disease, e.g. tuberculosis, emphysema <input type="checkbox"/> diabetes <input type="checkbox"/> liver disease <input type="checkbox"/> other
		<b>23. Relationship of health to occupational performance</b>
0	0	a. ( ) Reports no occupational limitations.
1	1	b. ( ) Works regularly but his health interferes with his performance on the job.
2	2	c. ( ) Health seriously interferes, and he cannot work regularly.
3	3	d. ( ) Is too ill to work at all.

TOTAL

( ) ( ) Health (0-12 Scale)

INTER-PERSONAL SCALED SCORE

Before	After	
		<b>25. Relations with children, parents siblings: (nor spouse).</b>
-	-	a. ( ) Not applicable, family dead or living distant.
0	0	b. ( ) Completely friendly, generally accepted by all or most.
1	1	c. ( ) Usually friendly, minor conflicts.
2	2	d. ( ) Mixed or indifferent feelings.
3	3	e. ( ) By and large alienated from family
4	4	f. ( ) Family has disowned respondent or vice versa, mutual rejection.

Before	After		
-	-	26.	Relationship with spouse:
0	0	a.	( ) Not applicable.
1	1	b.	( ) Friendly, warm, affectionate, mutual acceptance, good integration.
2	2	c.	( ) Usually friendly, minor conflicts.
3	3	d.	( ) Mixed, uncertain, vacillating relationship.
4	4	e.	( ) Usually poor relations, mutual incriminations, hostility.
		f.	( ) Complete alienation, divorce, desertion.
		27.	Assumption of financial support for self and/or family:
0	0	a.	( ) Assumes full responsibility for support.
1	1	b.	( ) Assumes major responsibility, but requires other help.
2	2	c.	( ) Assumes half responsibility, others assume the other half.
3	3	d.	( ) Assumes little responsibility, others must take over.
4	4	e.	( ) Assumes no responsibility.
		29.	Pattern of Social Life:
0	0	a.	( ) Regular sustained contact with friends and relatives, mutual.
1	1	b.	( ) Visiting, member of organized social groups.
2	2	c.	( ) Mixed-frequent casual contacts or occasional close contacts.
3	3	d.	( ) Some casual contacts, sporadic.
4	4	e.	( ) Isolated, solitary activities only.
<b>TOTAL</b>			
( )	( )		Inter-Personal (0-16 Scale)

#### DRINKING STATUS SCALED SCORE

Before	After		
0	0	37.	Usual frequency pattern of drinking:
1	1	a.	( ) Self-voluntarily, hasn't taken a drink for at least a year.
2	2	b.	( ) Self-voluntary, hasn't taken a drink in the past 6 months, but within a year.
3	3	c.	( ) Drinks only on specific occasions.
4	4	d.	( ) Drinks about once a week or less.
5	5	e.	( ) Drinks more than once a week, but not daily.
		f.	( ) Drinks daily.
		38.	Usual intensity of drinking:
0	0	a.	( ) Usually stops short of intoxication.
1	1	b.	( ) Usually stops drinking when intoxicated.
2	2	c.	( ) Drinks beyond intoxication into a day or more of binge-type drinking.

- | Before | After |                                                                                                     |
|--------|-------|-----------------------------------------------------------------------------------------------------|
| 0      | 0     | 40. Usual compulsivity for drinking:                                                                |
|        |       | a. ( ) Limits drinking at will, no compulsivity experienced.                                        |
| 1      | 1     | b. ( ) Feels a compulsion to continue, although he can still limit his drinking,                    |
| 2      | 2     | c. ( ) Has compulsive episodes of drinking to intoxication, although not binges.<br>Frequency _____ |
| 3      | 3     | d. ( ) Has compulsive episodes of binge drinking lasting more than a day.<br>Frequency _____        |

41. Social pattern of drinking
- |   |   |                                                |
|---|---|------------------------------------------------|
| 0 | 0 | a. ( ) Drinks only in social situations.       |
| 1 | 1 | b. ( ) Drinks only alone or socially isolated. |
| 2 | 2 | c. ( ) Drinks alone and socially.              |

43. CNS Sequelae of drinking: (in past 6 months)
- |        |              |
|--------|--------------|
| a. ( ) | None.        |
| b. ( ) | One or more. |

- |     |                                            |
|-----|--------------------------------------------|
| ( ) | Has had black out spells after drinking.   |
| ( ) | Has had memory lapses after drinking.      |
| ( ) | Has had tremors and shakes after drinking. |
| ( ) | Has had delirium tremens.                  |

44. Physical Sequelae of drinking: (in past 6 months)
- |        |              |
|--------|--------------|
| a. ( ) | None         |
| b. ( ) | One or more. |

- |     |                                                   |
|-----|---------------------------------------------------|
| ( ) | Has recurrent nausea and vomiting after drinking. |
| ( ) | Has recurrent diarrhea after drinking.            |
| ( ) | Has developed neuritis.                           |
| ( ) | Has developed cirrhotic symptoms.                 |
| ( ) | Has had poor visual-motor coordination.           |

- |            |     |                                                                           |
|------------|-----|---------------------------------------------------------------------------|
| 45. a. ( ) | yes | Has had psycho-social sequelae of drinking (in the past 6 mos.) (46 - 54) |
| b. ( )     | no  |                                                                           |
| 46. a. ( ) | yes | Has had episodes of depression.                                           |
| b. ( )     | no  |                                                                           |
| 47. a. ( ) | yes | Has had suicidal tendencies or made suicidal attempts.                    |
| b. ( )     | no  |                                                                           |
| 48. a. ( ) | yes | Has been involved in overt -                                              |
| b. ( )     | no  | physical aggression when drinking.                                        |
| 49. a. ( ) | yes | Has used narcotics or other drugs in connection with drinking.            |
| b. ( )     | no  |                                                                           |

50. a. ( ) yes Has had motor vehicle accidents  
 b. ( ) no related to drinking.
51. a. ( ) yes Has been hospitalized for alcoholism.  
 b. ( ) no
52. a. ( ) yes Has been arrested or jailed in  
 b. ( ) no relation to drinking.
53. a. ( ) yes Has been placed on probation in  
 b. ( ) no relation to drinking.
54. a. ( ) yes Has sustained physical injury as a  
 b. ( ) no result of drinking.

SUMMARY OF DRINKING SEQUELAE  
 (CNS, Physical, Psycho-social)

SCALE

Before	After	
0	0	a. ( ) No sequelae reported.
1	1	b. ( ) Sequelae in only one category.
2	2	c. ( ) Sequelae in two categories.
3	3	d. ( ) Sequelae in three categories.
<u>TOTAL</u>		
( )	( )	DRINKING (0-16 Scale)

"HEALTH STATUS OF SUCCESSFULLY TREATED ALCOHOLICS"

Follow Up Interview Schedule

(Card A)

---

Name:  
Address:  
Phone:

Chart #:  
Date Discharged:  
Date Interviewed:

---

- 1,2.    ( ) ( ) Study Number
3.      Race
- a.    ( ) White
- b.    ( ) Negro
- c.    ( ) Other
4.      Marital Status
- a.    ( ) Single
- b.    ( ) Married
- c.    ( ) Divorced
- d.    ( ) Separated
- e.    ( ) Widowed
- f.    ( ) Common-law
- 5,6.    ( ) ( ) Age
- 7,8.    ( ) ( ) Education (years)
- 9,10.   ( ) ( ) Interval since discharge (months)
- 11,12. ( ) ( ) Number of Interviews (over 99=99)
- 

13.    Employment Status:

- a.    ( ) permanent job
- b.    ( ) part-time job
- c.    ( ) temporary job
- d.    ( ) unemployed

14.    Type of work:

- a.    ( ) own business, managerial, professional
- b.    ( ) small business, white collar, clerical, sales
- c.    ( ) skilled labor, service occupations
- d.    ( ) unskilled labor

15. Job Attendance:

- a. ( ) Rarely misses work.
- b. ( ) Occasionally is absent from work.
- c. ( ) Frequently is absent from work.

16. Inter-Personal Job Relations:

- a. ( ) Rarely has any personal difficulties with people on the job.
- b. ( ) Occasionally has personal difficulties with people on the job.
- c. ( ) Frequently has personal difficulties with people on the job.

17. Job Performance:

- a. ( ) Rarely has any difficulty carrying out his work
- b. ( ) Occasionally has difficulty carrying out his work
- c. ( ) Frequently has difficulty carrying out his work

18. Patient's Report on Change in Job Status:

- a. ( ) Feels vocational situation is better than before treatment.
- b. ( ) Feels vocational situation is about the same as before treatment.
- c. ( ) Feels vocational situation is worse than before treatment.

---

HEALTH STATUS

19. Patient's description of present health status since treatment:

- a. ( ) Describes his health as unconditionally good.
- b. ( ) Health is good, with certain conditional comments.
- c. ( ) Health is fair; manages to get along despite what he regards as or what are illnesses.
- d. ( ) Health is poor; his life is hampered by what are or what he regards as illnesses.

20. Status of medical treatment since treatment: (not explicitly alcoholism)

- a. ( ) Has not required any in-or-out patient medical treatment for any illness in the past year (minor bruises, colds, cuts)
- b. ( ) Patient felt treatment was required, but was unable to obtain needed treatment. Why? \_\_\_\_\_.
- c. ( ) Has had either inpatient or outpatient treatment.

21. Non-specific Complaints

- a. ( ) None reported.
- b. ( ) Present, but no cause for concern.
- c. ( ) Present, and felt to be of concern.
  - ( ) anxiety, tenseness, nervousness.
  - ( ) digestive difficulties
  - ( ) sleeping difficulties
  - ( ) disorders of appetite
  - ( ) headaches
  - ( ) other

22. Specific Illness:

- a. ( ) None reported.
- b. ( ) Believed present, but without medical substantiation.
- c. ( ) Present and medically substantiated.
  - ( ) ulcers of the stomach
  - ( ) intestinal disorders, bowel trouble
  - ( ) cardio vascular disease
  - ( ) respiratory disease, e.g., tuberculosis, emphysema
  - ( ) diabetes
  - ( ) liver disease
  - ( ) other

23. Relationship of health to occupational performance:

- a. ( ) Reports no occupational limitations.
- b. ( ) Works regularly but his health interferes with his performance on the job.
- c. ( ) Health seriously interferes, and he cannot work regularly.
- d. ( ) Is too ill to work at all.

24. Patient's report on change of health:

- a. ( ) Feels his health has improved since treatment.
- b. ( ) Feels there has been no change in his health since treatment.
- c. ( ) Feels his health has become worse since treatment.

---

INTER-PERSONAL RELATIONS STATUS

25. Relations with children, parents, siblings: (not spouse).

- a. ( ) Not applicable, family dead or living distant.
- b. ( ) Completely friendly, generally accepted by all or most.
- c. ( ) Usually friendly, minor conflicts.
- d. ( ) Mixed or indifferent feelings.
- e. ( ) By and large alienated from family.
- f. ( ) Family has disowned respondent or vice versa, mutual rejection.

26. Relationship with spouse:

- a. ( ) Not applicable.
- b. ( ) Friendly, warm, affectionate, mutual acceptance, good integration.
- c. ( ) Usually friendly, minor conflicts.
- d. ( ) Mixed, uncertain, vacillating relationship.
- e. ( ) Usually poor relations, mutual incriminations, hostility.
- f. ( ) Complete alienation, divorce, desertion.

27. Assumption of financial support for self and/or family:

- a. ( ) Assumes full responsibility for support.
- b. ( ) Assumes major responsibility, but requires other help.
- c. ( ) Assumes half responsibility, others assume the other half.
- d. ( ) Assumes little responsibility, others must take over.
- e. ( ) Assumes no responsibility.



28. Living arrangements:

- a. ( ) Resides in family unit (parents, spouse, sibs, children).
- b. ( ) Lives with friends or distant relatives.
- c. ( ) Lives alone (own place, apt., rooming club).
- d. ( ) Institutional arrangement.
- e. ( ) Transient.

29. Pattern of Social Life:

- a. ( ) Regular sustained contact with friends and relatives, mutual.
- b. ( ) Visiting, member of organized social groups.
- c. ( ) Mixed-frequent casual contacts or occasional close contacts.
- d. ( ) Some casual contacts, sporadic.
- e. ( ) Isolated, solitary activities only.

30. Patient's Report on Change in Inter-personal Relations.

- a. ( ) Feels his interpersonal relations have improved since treatment
- b. ( ) Feels there has been no change in his interpersonal relations since treatment.
- c. ( ) Feels his interpersonal relations have become worse since treatment.

---

DRINKING STATUS SINCE TREATMENT  
(as characterized by the past 6 months)

31,32. ( ) ( ) Has been purposefully abstinent how many months?  
(if currently drinking, mark 00)

33,34. ( ) ( ) Last period of abstinence ended how many months ago?  
(if none, mark 99, 8 years or more = 96)

35,36. ( ) ( ) Longest previous period of abstinence. (months)

37. Usual frequency pattern of drinking:

- a. ( ) Self-voluntarily, hasn't taken a drink for at least a year.
- b. ( ) Self-voluntarily, hasn't taken a drink in the past 6 months, but within a year.
- c. ( ) Drinks only on specific occasions.
- d. ( ) Drinks about once a week or less.
- e. ( ) Drinks more than once a week, but not daily.
- f. ( ) Drinks daily.

38. Usual intensity of drinking:

- a. ( ) Usually stops short of intoxication.
- b. ( ) Usually stops drinking when intoxicated.
- c. ( ) Drinks beyond intoxication into a day or more of binge-type drinking.

39. Regularity of frequency and intensity of drinking patterns:

- a. ( ) Frequency and intensity follow a regular pattern.
- b. ( ) Frequency is regular, but intensity is irregular.
- c. ( ) Intensity is regular, but frequency is irregular.
- d. ( ) Both are irregular.

40. Usual compulsivity for drinking:

- a. ( ) Limits drinking at will, no compulsivity experienced.
- b. ( ) Feels a compulsion to continue, although he can still limit his drinking.
- c. ( ) Has compulsive episodes of drinking to intoxication, although not binges. Frequency \_\_\_\_\_.
- d. ( ) Has compulsive episodes of binge drinking lasting m more than a day. Frequency \_\_\_\_\_.

41. Social pattern of drinking:

- a. ( ) Drinks only in social situations.
- b. ( ) Drinks only alone or socially isolated.
- c. ( ) Drinks alone and socially.

42. Emotional Motivation for drinking: (past or present):

- a. ( ) Says he drinks because it is pleasurable.
- b. ( ) Says he drinks to enhance his personal functioning.
- c. ( ) Says he drinks to alleviate personal psychological symptoms.
- d. ( ) Says he drinks because of social pressures.

43. CNS Sequelae of drinking (in past 6 months)

- a. ( ) None
- b. ( ) One or more.

- |                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>( ) Has had black out spells after drinking.</li><li>( ) Has had memory lapses after drinking.</li><li>( ) Has had tremors and shakes after drinking.</li><li>( ) Has had hallucinations after drinking.</li><li>( ) Has had Delirium Tremors.</li></ul> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

44. Physical Sequelae of drinking: (in the past 6 months)

- a. ( ) None.
- b. ( ) One or more.

- |                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>( ) Has recurrent nausea and vomiting after drinking.</li><li>( ) Has recurrent diarrhea after drinking.</li><li>( ) Has developed neuritis.</li><li>( ) Has had poor visual-motor coordination.</li></ul> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

45. a. ( ) yes Has had psycho-social sequelae of drinking. ( in the  
b. ( ) no past 6 months)

46. a. ( ) yes Has had episodes of depression.  
b. ( ) no

47. a. ( ) yes Has had suicidal tendencies or made suicidal attempts.  
b. ( ) no

48. a. ( ) yes Has been involved in overt physical aggression when  
b. ( ) no drinking.

49. a. ( ) yes Has used narcotics or other drugs in connection with  
b. ( ) no drinking.

50. a. ( ) yes Has had motor vehicle accidents related to drinking.  
b. ( ) no

51. a. ( ) yes Has been hospitalized for alcoholism.  
b. ( ) no
52. a. ( ) yes Has been arrested or jailed in relation to drinking.  
b. ( ) no
53. a. ( ) yes Has been placed on probation in relation to drinking.  
b. ( ) no
54. a. ( ) yes Has sustained physical injury as a result of drinking.  
b. ( ) no
55. Pattern of drinking status (abstinent or drinking):
- a. ( ) The current drinking pattern was present prior to treatment.  
b. ( ) The current drinking pattern developed during the treatment.  
c. ( ) The current drinking pattern developed after treatment, but prior to 6 months ago.  
d. ( ) The current drinking pattern developed after treatment, and within the past 6 months.
56. Other resources sought for help since treatment:
- a. ( ) None  
b. ( ) Professional resources: \_\_\_\_\_  
c. ( ) Non-professional resources: \_\_\_\_\_  
d. ( ) Use of medicine: \_\_\_\_\_  
e. ( ) Combination of above: \_\_\_\_\_
57. Pattern of use of Antabuse:
- a. ( ) Has never used Antabuse.  
b. ( ) Has not used Antabuse subsequent to treatment.  
c. ( ) Has used Antabuse sporadically subsequent to treatment.  
d. ( ) Has used Antabuse regularly subsequent to treatment.
58. a. ( ) yes Antabuse was felt to be of significant help in  
b. ( ) no controlling the alcoholism.
59. Pattern of affiliation with Alcoholic Anonymous:
- a. ( ) Has never attended AA.  
b. ( ) Has not attended AA subsequent to treatment.  
c. ( ) Has attended AA sporadically since treatment.  
d. ( ) Has attended AA regularly since treatment.
60. a. ( ) yes AA was felt to be of significant help in controlling  
b. ( ) no the alcoholism
61. Explanation for giving up drinking:
- a. ( ) Not applicable, patient still drinking.  
b. ( ) Feels he stopped drinking through the professional help he sought.  
c. ( ) Feels he stopped drinking through the non-professional help he sought.  
d. ( ) Feels he stopped drinking by himself.

62. Explanation for continuing to drink:

- a. ( ) Not applicable, patient abstinent.
- b. ( ) Denies any desire or reason for stopping drinking.
- c. ( ) Feels he wants to continue drinking more than he wants to stop.
- d. ( ) Has tried to stop drinking; wants to, but cannot.
- e. ( ) Continues to drink because he can do so now in a non-pathological fashion.

63. Patient self-evaluation of drinking status:

- a. ( ) States he is abstinent.
- b. ( ) Does not claim abstinence, but has no drinking problems and has no trouble related to drinking either within the family or outside the family.
- c. ( ) Has a drinking problem, but does not have any trouble related to drinking within the family or outside the family.
- d. ( ) Has a drinking problem, and has trouble related to his drinking problem.

64. Interviewers estimate of accuracy of patient self-assessment:

- a. ( ) Patient greatly overestimates his drinking pathology.
- b. ( ) Patient slightly overestimates his drinking pathology.
- c. ( ) Patient is essentially correct in evaluating his drinking pathology.
- d. ( ) Patient slightly underestimates his drinking pathology.
- e. ( ) Patient greatly underestimates his drinking pathology.

65. Interviewer evaluation of drinking status:

- a. ( ) Patient is abstinent.
- b. ( ) Patient is drinking without difficulty.
- c. ( ) Patient has a drinking problem, but has no trouble related to his drinking.
- d. ( ) Patient has a drinking problem, and has trouble related to his drinking.

---

66,67,68. ( ) ( ) ( ) Psychopathology Score: Mental Status Schedule

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- 80. a. ( ) Card number.
- b. ( ) (This schedule is card A.)

**RAND/ATC FOUR-YEAR FOLLOWUP STUDY  
CLIENT INTERVIEW, SELF-ADMINISTERED FORM,  
AND COLLATERAL INTERVIEW**

- Authors:** J. Michael Polich, David J. Armor, and Harriet B. Braiker
- Assessment Areas Covered:** Alcohol consumption quantity/frequency; alcohol dependence syndrome, severity of, adverse consequences, demographics, attitudes, SES, withdrawal symptoms, psychological function, physical health, mental health, behavioral aspects of drinking, treatment history, locus of control, prognosis, resource person, legal, employment, religion
- Administration:** The Client Interview and Self-Administered Form are administered by personal interview, in approximately 75 minutes, at home, during followup 4 years after alcoholism treatment. The Collateral Interview is also interviewer-administered and takes about 20 minutes.
- Design Features:** The three instruments use multiple-choice, yes/no, and completion items. The Client Interview contains 80 items, the Self-Administered form has 26 items, and the Collateral Interview has 37. Although many portions of the instruments were custom designed for a specific study, there are several indexes that may be constructed from the data that can be used for general purposes:
- 1) Quantity-Frequency Index (alcohol consumption)
  - 2) Index of Typical Quantity Consumed
  - 3) Alcohol Dependence Symptom Scale
  - 4) Adverse Consequences Index
  - 5) Behavioral Impairment Index
  - 6) Index of Socioeconomic Status
  - 7) Index of Social Stability
  - 8) Psychiatric Symptomatology Scale
  - 9) Psychological Trait Scales (autonomy, impulsivity, locus of control, and emotional stability)
- Descriptions of the indexes as described in the project report are reprinted following the questionnaires.
- Abstract:** These three instruments were developed as part of a 4-year followup study to assess outcomes among alcoholics who had been treated at publicly sponsored facilities. Included are 1) a 75-minute interview with the subject, assessing drinking behavior and a broad range of functions; 2) a short self-administered form assessing the subject's psychological traits; and 3) a brief interview with a collateral observer, providing an independent report on the subject's behavior. The data were used to assess patterns of remission from alcoholism at 18 months and 4 years after treatment, to study patterns of remission and relapse, and to analyze factors predicting successful remissions. Validity studies also verified subject self-reports using collateral reports and physiological measurements of the subject's blood alcohol concentration.
- The study is based on a sample of 922 males. This cohort consists of individuals who had been accepted for alcoholism treatment in 1973 at any one of eight NIAAA-funded Alcoholism Treatment Centers (ATCs). In addition to the 4-year followup interview, the same cohort was also interviewed at 6 months and 18 months (Armor et al. 1978). Data on the cohort were

obtained using measures of the presence or absence of alcohol-related problems over the 6-month period before the followup interview.

The report produced from this study (Polich et al. 1980) is lengthy (361 pp.) and detailed in the presentation of its many findings. It contains a summary and introductory chapter that are succinct and a chapter on design and methodology that discusses the questionnaires and the issue of validity in depth.

While the findings of the study were numerous, some of the more important conclusions drawn by the authors with respect to alcoholism treatment outcome assessment were:

- the presence of alcohol dependence (withdrawal symptoms, alcoholic blackouts, uncontrolled drinking, or similar behavior) appeared to play a central role in determining prognosis. On the other hand, the level of alcohol consumption at screening for treatment,<sup>1</sup> independent of the presence of dependence, did not generally affect a client's prognosis. Alcohol dependence also appears to be a central factor in the process of relapse.
- Short-term abstinence was not found to be a reliable indicator of longer term remission.
- Remissions were generally not stable over long periods of time.
- Many alcoholics are involved in a recurrent pattern of treatment, remission, and relapse. The findings indicate that change is the dominant pattern of alcoholic behavior over time.
- Relapse patterns were not uniform across all subgroups of alcoholics. For example, among alcoholics who were over 40 and had high levels of alcohol dependence at admission, those who abstained had lower relapse rates over time than those who engaged in nonproblem drinking. In contrast, among alcoholics who were under 40 and had low levels of dependence at admission, those who engaged in nonproblem drinking had lower relapse rates over time than those who abstained.
- Even those alcoholics who achieve long-term abstinence on stable non-problem drinking were not assured of general psychosocial rehabilitation.
- Drinking status at 4 years was not associated with treatment setting (inpatient versus outpatient).
- Data from collateral interviews revealed that, although they may have been uncertain about the subjects' drinking in some instances, under-reporting as the result of the self-reporting process used in the study did not substantially affect the basic findings. This finding was also substantiated by blood alcohol concentration measurements taken during the interview for a subsample of the cohort.
- Further research is needed on two issues: 1) the process by which people first reach the point of becoming alcoholics, and 2) how they first come into treatment. In particular, more attention needs to be paid to the process of, and point of, emergence of alcohol dependence.

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<sup>1</sup>The median level of alcohol consumption of the study group at screening for treatment was 17 drinks per day.

Related Published Reports: Polich, J.M.; Armor, D.J.; and Braiker, H.B. The Course of Alcoholism: Four Years After Treatment. New York: Wiley and Sons, 1981. [Contains only the Client Interview.]<sup>2</sup>

Polich, J.M.; Armor, D.J.; and Braiker, H.B. The Course of Alcoholism: Four Years After Treatment. Report R-2433-NIAAA. Santa Monica, Calif.: The Rand Corporation, 1980. [Original report containing all three questionnaires.]

Polich, J.M.; Armor, D.J.; and Braiker, H.B. Patterns of alcoholism over four years. Journal of Studies on Alcohol, 41:397-416, 1980.

Armor, D.J., and Polich, J.M. Measurement of alcohol consumption. In: Pattison, E.M., and Kaufman, E., eds. Encyclopedic Handbook of Alcoholism. New York: Gardner Press, 1982.

Polich, J.M. Validity of self-reports in alcoholism research. Addictive Behaviors, 7:123-132, 1982.

Polich, J.M. Epidemiology of alcohol abuse in civilian and military populations. American Journal of Public Health, 71:1125-1132, 1981.

Armor, D.J.; Polich, J.M.; and Stambul, H.B. Alcoholism and Treatment. New York: Wiley, 1978.<sup>2</sup>

Availability Source: The Client Interview is reproduced in Polich et al. (1981), published by John Wiley and Sons; the Client Interview and all other instruments are included in Polich et al. (1980), available for purchase from the Publications Department, The Rand Corporation, 1700 Main Street, Santa Monica, California 90406-2138; subject to copyright limitations.

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<sup>2</sup>Refer to volume 1 in this series, Summaries of Alcoholism Treatment Assessment Research, for a further discussion of these works.

ATC FOUR-YEAR FOLLOWUP STUDY  
CLIENT INTERVIEW

June 1977

(Main Subject Interview)

The Rand Corporation  
Santa Monica, California



**OPENING STATEMENT TO CLIENT**  
(Groups A and B)

Johns Hopkins University, in cooperation with The Rand Corporation, is conducting interviews with people around the country about their health and things they do that affect their health—particularly their drinking practices. We are talking to people who have had some contact with programs like \_\_\_\_\_ (Name of ATC), as part of a national study sponsored by the Department of Health, Education, and Welfare. A payment of ten dollars is being made to every person who participates in the interview to compensate you for your time. The interview will take about 1 hour and 15 minutes.

Your answers will help us decide how much people are being helped by such programs and to plan better programs for people who ask for these services. The interview includes questions about your drinking over the past few years, experiences or problems you may have had related to drinking, some aspects of your background, and a brief attitude questionnaire that you fill out. During the interview, you may omit any questions that you don't wish to answer. Of course, your participation is voluntary at all times; you may refuse to participate and if you participate you may withdraw at any time.

Your opinions and experiences are very important to us, and we will treat your answers as strictly confidential. Our findings will be reported in summary form only; no names of individuals will be used. Your interview record will be kept with a code number, not identified by name, and will be seen only by our research team; it will never be identified to the \_\_\_\_\_ (Name of ATC) or to any government agency. Will you agree to participate in the study?

**OPENING STATEMENT TO CLIENT**  
(Group C)

Johns Hopkins University, in cooperation with The Rand Corporation, is conducting interviews with people around the country about their health and things they do that affect their health—particularly their drinking practices. We are talking to people who have had some contact with programs like \_\_\_\_\_ (Name of ATC), as part of a national study sponsored by the Department of Health, Education, and Welfare. A payment of ten dollars is being made to every person who participates in the interview to compensate you for your time. The interview will take about 1 hour and 15 minutes.

Your answers will help us to decide how much people are being helped by such programs and to plan better programs for people who ask for these services. The interview includes questions about your drinking over the past few years, experiences or problems you may have had related to drinking, some aspects of your background, and a brief attitude questionnaire that you fill out. In addition, at the end of the interview we will be asking you to allow us to contact a close friend or relative to obtain additional information. During the interview, you may omit any questions that you don't wish to answer. Of course, your participation is voluntary at all times; you may refuse to participate and if you participate you may withdraw at any time.

Your opinions and experiences are very important to us, and we will treat your answers as strictly confidential. Our findings will be reported in summary form only; no names of individuals will be used. Your interview record will be kept with a code number, not identified by name, and will be seen only by our research team; it will never be identified to the \_\_\_\_\_ (Name of ATC) or to any government agency. Will you agree to participate in the study?

ATC FOUR-YEAR FOLLOWUP STUDY  
CLIENT INTERVIEW FORM

CASE # 

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TIME STARTED \_\_\_\_\_ a.m.  
\_\_\_\_\_ p.m.

DATE: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

<p>1. First, where do you live—in what city and state? City _____ State _____</p> <p>And what is your zipcode? Zipcode _____</p>	<p>No. of years _____ and No. of months _____</p>																		
<p>2. How long have you lived in this (city/town)?</p>	<p>No. of addresses _____</p>																		
<p>3. During the past 12 months how many different addresses have you lived at—including your current address?</p>	<p><b>PROBE FOR NUMBER OF DIFFERENT ADDRESSES.</b></p>																		
<p>4. <b>CIRCLE ONE CODE; ASK IF NECESSARY:</b> In what type of residence are you living now?</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Apartment . . . . .</td> <td style="width: 20%; text-align: right;">01</td> </tr> <tr> <td>Private house . . . . .</td> <td style="text-align: right;">02</td> </tr> <tr> <td>Mobile home (trailer) . . . . .</td> <td style="text-align: right;">03</td> </tr> <tr> <td>Hotel . . . . .</td> <td style="text-align: right;">04</td> </tr> <tr> <td>Rooming house . . . . .</td> <td style="text-align: right;">05</td> </tr> <tr> <td>Halfway house, or recovery home . . . . .</td> <td style="text-align: right;">06</td> </tr> <tr> <td>Other group quarters (Salvation Army/dormitory, etc.) . . . . .</td> <td style="text-align: right;">07</td> </tr> <tr> <td>Street . . . . .</td> <td style="text-align: right;">08</td> </tr> <tr> <td>Other (SPECIFY _____)</td> <td style="text-align: right;">09</td> </tr> </table> <p style="text-align: right; margin-top: -10px;">} Go to Q. 6</p>	Apartment . . . . .	01	Private house . . . . .	02	Mobile home (trailer) . . . . .	03	Hotel . . . . .	04	Rooming house . . . . .	05	Halfway house, or recovery home . . . . .	06	Other group quarters (Salvation Army/dormitory, etc.) . . . . .	07	Street . . . . .	08	Other (SPECIFY _____)	09
Apartment . . . . .	01																		
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Other group quarters (Salvation Army/dormitory, etc.) . . . . .	07																		
Street . . . . .	08																		
Other (SPECIFY _____)	09																		

<p>5. How many people do you live with, including children? _____ No. of people _____</p> <p><b>IF OTHER THAN RESPONDENT ASK:</b></p> <p>A. I would like to know the age of each of the other people in your household and their relationship to you.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Age _____</td> <td style="width: 15%;">Relationship _____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Age _____	Relationship _____	_____	_____	_____	_____	_____	_____	_____	_____	<p>6. What is your date of birth? _____</p> <p>Month _____ Day _____ Year _____</p>
Age _____	Relationship _____										
_____	_____										
_____	_____										
_____	_____										
_____	_____										
<p>7. How much do you weigh?</p>	<p><b>PROBE FOR BEST ESTIMATE</b></p> <p>Lbs. _____</p>										
<p>8. At the present time do you have a full-time job, part-time job, do you work at odd jobs, or are you not employed?</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Full-time job (GO TD C) . . . . .</td> <td style="width: 20%; text-align: right;">1</td> </tr> <tr> <td>Part-time job . . . . .</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Work at odd jobs (ASK A) . . . . .</td> <td style="text-align: right;">3</td> </tr> <tr> <td>Not employed . . . . .</td> <td style="text-align: right;">4</td> </tr> </table> <p>A. Have you been looking for (work/full-time work) during the past 30 days?</p> <p>Yes (GO TD C) . . . . . 1</p> <p>No (ASK B) . . . . . 2</p>	Full-time job (GO TD C) . . . . .	1	Part-time job . . . . .	2	Work at odd jobs (ASK A) . . . . .	3	Not employed . . . . .	4		
Full-time job (GO TD C) . . . . .	1										
Part-time job . . . . .	2										
Work at odd jobs (ASK A) . . . . .	3										
Not employed . . . . .	4										

B. What is the main reason you haven't been looking for work?  
RECORD VERBATIM AND CODE

- Homemaker ..... 01
- Student ..... 02
- Retired/too old ..... 03
- Illness or disability *not* related to alcohol ..... 04
- Drinking problem (including illness related to alcohol) ..... 05
- Institutionalized ..... 06
- Don't want a job/more work .... 07
- No job available ..... 08
- In this location only temporarily/intend to move on ..... 09
- Have independent income/no need to work ..... 10
- Seasonal worker ..... 11
- Temporarily laid off ..... 12
- Other (SPECIFY \_\_\_\_\_) 13

C. How many months were you employed during the past 12 months?

No. of months \_\_\_\_\_

IF DID NOT WORK DURING THE PAST 12 MONTHS, SKIP TO Q. 10.

D. What kind of place (do/did) you work for (most recently in the past 12 months)?

(PROBE: What do they make or do?) \_\_\_\_\_  
Industry

E. What kind of work (do/did) you do?

(PROBE: What (is/was) your job called?) \_\_\_\_\_  
Occupation

IF NOT ALREADY ANSWERED, ASK:

F. What (do/did) you actually do in that job?

(PROBE: What (are/were) some of your main duties?)

9. How many days did you work during the past 30 days?

USE CALENDAR No. of days worked \_\_\_\_\_

A. How many paid vacation days, if any, did you take in the past 30 days?

No. of paid vacation days \_\_\_\_\_

10. Are you now legally married, widowed, divorced, separated, do you have a common-law wife, or have you never been married?

- Married [ASK A, B, & E] ..... 1
- Common-law wife [ASK A, B, & E] 2
- Widowed [ASK A-E] ..... 3
- Divorced [ASK A-E] ..... 4
- Separated [ASK A-E] ..... 5
- Never married [ASK D] ..... 6

A. How many times have you been married? [INCLUDES COMMON-LAW SPOUSE]

No. of times \_\_\_\_\_

B. In what month and year did you get married (the last time)?

Month \_\_\_\_\_

Year \_\_\_\_\_

[INCLUDES COMMON-LAW SPOUSE]

IF CURRENTLY WIDOWED, DIVORCED, OR SEPARATED:

C. How long have you been (widowed/living apart)? [INCLUDES COMMON-LAW SPOUSE]

No. of years \_\_\_\_\_ and

No. of months \_\_\_\_\_

D. Do you have a steady girlfriend now?

Yes ..... 1

No [GO TO Q. 11] ..... 2

E. Are you living with your (wife/girlfriend) now?

Yes ..... 1

No ..... 2

11. How many children do you have, whether or not they live with you?

No. of children \_\_\_\_\_

Now I have some questions about how things are going for you right now.

12. Taking all things together, how would you say things are these days—would you say you are very happy, pretty happy, or not too happy, these days?

- Very happy ..... 1
- Pretty happy ..... 2
- Not too happy ..... 3

13. Now I'm going to ask you about how things are going in various areas of your life at the present time. As I ask about each area, just tell me whether things are going very well, fairly well, or not very well.

How about:

	Very well	Fairly well	Not very well
--	-----------	-------------	---------------

- a. your friendships and social life— would you say things are going very well, fairly well, or not very well?
 

1	2	3
---	---	---
- b. your home life or marriage?
 

1	2	3
---	---	---
- c. your relationship with your children?
 

1	2	3
---	---	---

does not have contact with children. . . . 4

does not have children. . . . . 5
- d. your work or employment opportunities?
 

1	2	3
---	---	---
- e. your money or finances?
 

1	2	3
---	---	---
- f. your health in general?
 

1	2	3
---	---	---

14. How do you think things will go for you in the next few years? Do you think your life will get better, get worse, or stay about the same?

- Get better ..... 1
- Get worse ..... 2
- Stay about the same ..... 3

15. About how many close friends do you have—people you feel at ease with and can talk with about what is on your mind? You may include people who live with you or relatives.

IF ANSWER IS "0", GO TO Q. 17

No. of close friends \_\_\_\_\_

- A. How many of these close friends are heavy drinkers at the present time?
 

No. of heavy drinkers _____
-----------------------------
- B. How many of these close friends do not drink at all at the present time?
 

No. who do not drink _____
----------------------------
- C. How many of these close friends would you say are recovered or recovering alcoholics at the present time?
 

No. of recovered or recovering alcoholics _____
-------------------------------------------------

16. Think about the close friend you see most often. About how frequently do you get together? Would you say . . .

- Every day ..... 1
- Several times a week ..... 2
- Once a week ..... 3
- 2 or 3 times a month ..... 4
- Once a month ..... 5
- Less than once a month. . . . 6
- or, Never ..... 7

17. IF CURRENTLY LIVING WITH SPOUSE/GIRLFRIEND:

Do you think of your (wife/girlfriend) as drinking occasionally, drinking frequently, having a drinking problem, or doesn't she drink?

- Drinks occasionally ..... 1
- Drinks frequently. . . . . 2
- Has a drinking problem. . . . . 3
- Doesn't drink. . . . . 4

18. What was the approximate date of your last drink—the last time you had any alcoholic beverage like beer, wine, or liquor, even if it was only a little?

Month \_\_\_\_\_

Day \_\_\_\_\_

Year \_\_\_\_\_

IF DATE OF LAST DRINK IS MORE THAN 1 YEAR AGO, SKIP TO QUESTION 34.

19. Let's talk about the 30 days before your last drink, including the day of your last drink. Let's see—that would be

from \_\_\_\_\_ to \_\_\_\_\_.

On about how many days would you say you drank any alcoholic beverage during that 30-day period?

IF RESPONDENT CANNOT ESTIMATE NUMBER OF DAYS, HAND ORANGE CARD AND SAY: I know it's hard to remember—just look at this card and give me your best guess.

No. of days \_\_\_\_\_

20. Did you drink beer, ale, or any other malt beverage, such as malt liquor, during that 30-day period?

Yes [ASK A-G] . . . . . 1  
No [GO TO Q. 21] . . . . . 2

A. During those 30 days, on about how many days did you drink beer or any other malt beverage?

IF RESPONDENT CANNOT ESTIMATE NUMBER OF DAYS, HAND ORANGE CARD AND SAY:  
I know it's hard to remember—just look at this card and give me your best guess.

No. of days \_\_\_\_\_

B. On a typical day when you drank beer or any other malt beverage, about how much did you drink?

RECORD VERBATIM AND FILL IN NO. OF UNITS  
IN COLUMN 1 AT RIGHT.

1. Number of Units      2. Ounces in Container

- Cans → \_\_\_\_\_ oz. per can
- Bottles → \_\_\_\_\_ oz. per bottle
- Six packs → \_\_\_\_\_ oz. per can
- Glasses → \_\_\_\_\_ oz. per glass
- Quarts → \_\_\_\_\_ 32 oz. per quart
- Other (SPECIFY \_\_\_\_\_)

\_\_\_\_\_ ) → \_\_\_\_\_ oz. per unit

IF RESPONDENT ANSWERS IN TERMS OF CANS, BOTTLES, GLASSES, OR OTHER UNITS:

C. About how many ounces are there in the (cans/bottles/glasses/other units) you usually drink? (For example: Are they standard 12-ounce cans, half-quart cans, or what?)

RECORD VERBATIM AND RECORD NUMBER OF OUNCES IN COLUMN 2 ABOVE.

D. On how many days (if any) during that period did you drink

- 10 cans
- 10 bottles
- 10 glasses
- 4 quarts

or more? No. of days \_\_\_\_\_

E. On how many days (if any) during that period did you drink

- 6 to 9 cans
- 6 to 9 glasses
- 6 to 9 bottles
- 2 to 3 quarts

but not more?

No. of days \_\_\_\_\_

F. What did you drink most often during that 30-day period? Was it usually . . .

- Beer . . . . . 1
- Ale . . . . . 2
- Malt liquor . . . . . 3
- or, Another malt beverage (SPECIFY \_\_\_\_\_) 4

G. What is the name of the brand, or brands, you usually drink?

RECORD VERBATIM \_\_\_\_\_

21. Did you drink wine during that 30-day period?

YES [ASK A-G] . . . . . 1

NO [GO TO Q. 22] . . . . . 2

A. During those 30 days, on about how many days did you drink wine?

IF RESPONDENT CANNOT ESTIMATE NUMBER OF DAYS, HAND ORANGE CARD AND SAY:  
I know it's hard to remember—just look at this card and give me your best guess.

No. of days \_\_\_\_\_

B. On a typical day when you drank wine, about how much wine did you drink?

RECORD VERBATIM AND FILL IN COLUMN 1 AT RIGHT

1. Number of Units      2. Ounces in Container

Quarts → 32 oz. per quart

Fifths → 26 oz. per fifth

Glasses → oz. per glass

Other (SPECIFY) \_\_\_\_\_ oz. per unit

IF ANSWER IS IN TERMS OF WINE GLASSES, WATER GLASSES OR OTHER UNITS:  
About how many ounces are there in the (glasses/other units) you usually drink?

RECORD VERBATIM AND RECORD NUMBER OF OUNCES IN COLUMN 2 ABOVE.

IF RESPONDENT CANNOT ANSWER HOW MANY OUNCES ARE IN A GLASS ASK:

[1] Are they wine or water glasses?

Wine glasses. . . . . 1

Water glasses. . . . . 2

D. Do you usually drink a fortified wine such as sherry or port?

Yes . . . . . 1

No . . . . . 2

E. What is the type or brand you usually drink?

\_\_\_\_\_

F. On how many days during that 30-day period, if any, did you drink two fifths of wine or more?

No. of days \_\_\_\_\_

G. On how many days during that period, if any, did you drink as much as a fifth of wine but less than two fifths?

No. of days \_\_\_\_\_

22. Did you drink any whiskey, gin, or other hard liquor during that 30-day period?

Yes [ASK A-H] . . . . . 1

No [GO TO Q. 23] . . . . . 2

A. During those 30 days, about how many days did you drink liquor?

IF RESPONDENT CANNOT ESTIMATE THE NUMBER OF DAYS, HAND ORANGE CARD AND SAY:  
I know it's hard to remember—just look at this card and give me your best guess.

No. of days \_\_\_\_\_

B. On a typical day when you drank liquor, about how much liquor did you drink?

RECORD VERBATIM AND CODE

No. of pints \_\_\_\_\_

No. of fifths \_\_\_\_\_

No. of quarts \_\_\_\_\_

No. of shots \_\_\_\_\_

No. of drinks \_\_\_\_\_

IF ANSWER IS IN TERMS OF SHOTS:

C. About how many ounces are there in the shots you drink?

No. of ounces \_\_\_\_\_

IF ANSWER IS IN TERMS OF DRINKS:

D. About how much liquor (do/did) you usually have in a drink?

RECORD VERBATIM AND PROBE FOR OUNCES IF POSSIBLE.

No. of ounces \_\_\_\_\_

E. On how many days during that 30-day period, if any, did you drink a full pint of liquor or more? That would be about 16 ounces.

No. of days \_\_\_\_\_

F. On how many days during that period, if any, did you drink as much as a half-pint of liquor but less than a pint? That would be between 8 and 15 ounces.

No. of days \_\_\_\_\_

G. How (do/did) you usually drink liquor—straight or with water or a mixer?

NOTE: CODE NON-MIXER COCKTAILS SUCH AS MARTINIS, STRAIGHT . . . . . 1  
MANHATTANS AS "1" WITH WATER OR MIXER . . . . . 2

H. What is the type or brand of liquor you usually drink?

RECORD VERBATIM

ASK 23 AND 24 ONLY IF DATE OF LAST DRINK WAS YESTERDAY OR TODAY

IF DATE OF LAST DRINK WAS TODAY, ASK:

23. Did you have anything to drink yesterday? Yes [ASK A] . . . . . 1  
No [GO TO Q. 24] . . . . . 2

IF DATE OF LAST DRINK WAS YESTERDAY, ASK:

A. When you drank yesterday, what time did you have your first drink? \_\_\_\_\_ a.m.  
\_\_\_\_\_ p.m.  
B. What time did you finish your last drink before going to bed (include today's time if necessary)? \_\_\_\_\_ a.m.  
\_\_\_\_\_ p.m.  
C. Including all beer, wine, and liquor, how much did you drink between these two times?

RECORD ALL BEER, WINE, AND LIQUOR

BEER

Cans \_\_\_\_\_  
( \_\_\_\_\_ oz. per can)  
Bottles \_\_\_\_\_  
( \_\_\_\_\_ oz. per bottle)  
Six Packs \_\_\_\_\_  
( \_\_\_\_\_ oz. per can)  
Glasses \_\_\_\_\_  
( \_\_\_\_\_ oz. per glass)  
Quarts \_\_\_\_\_  
Other \_\_\_\_\_  
(SPECIFY \_\_\_\_\_)

WINE

Quarts \_\_\_\_\_  
Fifths \_\_\_\_\_  
Glasses \_\_\_\_\_  
( \_\_\_\_\_ oz. per glass)  
Other \_\_\_\_\_  
(SPECIFY \_\_\_\_\_)

LIQUOR

Pints \_\_\_\_\_  
Fifths \_\_\_\_\_  
Quarts \_\_\_\_\_  
Shots \_\_\_\_\_  
( \_\_\_\_\_ oz. per shot)  
( \_\_\_\_\_ oz. per drink)

69-70  
71-72  
73-74  
75-76  
77-78

49-50  
51-52  
53-54  
55-56  
57-58  
59-60  
61-62  
63-64  
65-66  
67-68

IF CLIENT DID NOT DRINK TODAY, SKIP TO Q. 25.

24. What time did you have your first drink today? \_\_\_\_\_ a.m.  
\_\_\_\_\_ p.m.  
A. What time did you finish your last drink? \_\_\_\_\_ a.m.  
\_\_\_\_\_ p.m.  
B. Including all beer, wine, and liquor, how much did you drink between these two times?

RECORD ALL BEER, WINE, AND LIQUOR

BEER

Cans \_\_\_\_\_  
( \_\_\_\_\_ oz. per can)  
Bottles \_\_\_\_\_  
( \_\_\_\_\_ oz. per bottle)  
Six Packs \_\_\_\_\_  
( \_\_\_\_\_ oz. per can)  
Glasses \_\_\_\_\_  
( \_\_\_\_\_ oz. per glass)  
Quarts \_\_\_\_\_  
Other \_\_\_\_\_  
(SPECIFY \_\_\_\_\_)

WINE

Quarts \_\_\_\_\_  
Fifths \_\_\_\_\_  
Glasses \_\_\_\_\_  
( \_\_\_\_\_ oz. per glass)  
Other \_\_\_\_\_  
(SPECIFY \_\_\_\_\_)

LIQUOR

Pints \_\_\_\_\_  
Fifths \_\_\_\_\_  
Quarts \_\_\_\_\_  
Shots \_\_\_\_\_  
( \_\_\_\_\_ oz. per shot)  
( \_\_\_\_\_ oz. per drink)

37-38  
39-40  
41-42  
43-44  
45-46  
47-48  
49-50  
51-52  
53-54  
55-56  
57-58  
59-60  
61-62  
63-64  
65-66

25. These next few questions have to do with things that may have happened to you during the 30 days we've been talking about—that is, from \_\_\_\_\_ to \_\_\_\_\_. Just tell me how many days these things happened.

USE ORANGE CARO, IF NECESSARY, AND SAY: I know it's hard to remember—just look at this card and give me your best guess.

- A. First, during that period how often did you have difficulty sleeping at night? No. of days \_\_\_\_\_
- B. During that period, how many days did you have memory lapses or "blackouts"? No. of days \_\_\_\_\_
- C. How many days did you miss a meal because of drinking? No. of days \_\_\_\_\_
- D. During that period, how many days did you have a drink as soon as you woke up? No. of days \_\_\_\_\_
- E. How many days did you have the "shakes"? No. of days \_\_\_\_\_
- F. How many days did you have arguments or fights with others while drinking? No. of days \_\_\_\_\_
- G. During that period, how many days were you drunk? No. of days \_\_\_\_\_
- H. How many days did you drink while on the job? Not working . . . . . 77
- I. During that period, how many days did you miss work or other activities because of drinking? No. of days \_\_\_\_\_
- J. How many days did you drink more than you really wanted to? No. of days \_\_\_\_\_
- K. How many days did you try to stop drinking but couldn't? No. of days \_\_\_\_\_
- L. What was the longest period you went without drinking during those 30 days? No. of hours \_\_\_\_\_  
OR  
No. of days \_\_\_\_\_
- M. What was your longest continuous period of drinking? No. of hours \_\_\_\_\_  
OR  
No. of days \_\_\_\_\_
- N. When you drank during that 30-day period, did you . . . . . Always drink with others. . . . . 1  
Usually drink with others . . . . . 2  
Usually drink alone . . . . . 3  
or, Always drink alone. . . . . 4

IF DATE OF LAST DRINK WAS MORE THAN 6 MONTHS AGO, SKIP TO QUESTION 33. TAKE OUT BLUE CARO AND MARK 30-DAY PERIOD ON IT.

26. Now I'd like to ask you generally about your drinking over the past 6 months, going back to \_\_\_\_\_ (date 6 months ago). Here is a card showing that 6-month period. (HAND BLUE CARO). We've just been talking about your drinking during this period here (POINT TO 30-DAY PERIOD AND MARK ON CARD). Were there any other times during this 6-month period when you were drinking, even if it was only a small amount?

Yes [ASK A-C] . . . . . 1  
No [GO TO Q. 28] . . . . . 2

IF YES:

A. What other times were you drinking anything, even when you were drinking only a small amount? Just tell me the name of each month when you drank anything. WRITE NAMES OF ALL MONTHS ON CHART BELOW AND RECORD WHETHER CLIENT DRINK OR DID NOT DRINK IN EACH MONTH.

B. FOR EACH MONTH CLIENT DRANK ANYTHING, ASK:

Now during the month of \_\_\_\_\_, was your drinking about the same, more, or less than the 30-day period we have been talking about?  
OOOE "SAME," "MORE," OR "LESS" ON CHART BELOW FOR EACH MONTH WHEN CLIENT DRANK ANYTHING.

[WRITE NAME OF MONTH BELOW]	A. Did Not Drink		B. Same			More			Less			
	1	2	1	2	3	1	2	3	1	2	3	
This month												
One month ago												
2 months ago												
3 months ago												
4 months ago												
5 months ago												
6 months ago												



C. IF "MORE" OR "LESS" FOR ANY MONTH IN B, ASK FOR EACH MONTH IT WAS MORE OR LESS.

During those times when you were drinking (more/less)—that is, during (name of month)—about how many days did you drink and about how much on a typical day?

[AMOUNT IN OUNCES OR OTHER UNITS—REFER TO BACK OF CALENDAR CARD]

[NO. OF DAYS] C. How Often	How Much		
	BEER	WINE	LIQUOR
7-8			49-52
9-10			53-56
11-12			57-60
13-14			61-64
15-16			65-68
17-18			69-72
19-20			73-76

27. Now, thinking of this earlier period [POINT TO PERIOD ON BLUE CARD BEFORE 30-DAY WINDOW]—tell me how many times each of these things happened to you, if at all.

USE ORANGE CARD, IF NECESSARY, AND SAY: I know it's hard to remember—just look at this card and give me your best guess.

	Total Number of Days	OR	Number of Days per Month
A. How many days did you have the "shakes" during this period?	_____	_____	_____
B. How many days did you have memory lapses or "blackouts" during this period?	_____	_____	_____
C. How many days did you miss a meal because of drinking during this period?	_____	_____	_____
D. How many days did you miss work or other activities because of drinking during this period?	_____	_____	_____
E. How many days did you have a drink as soon as you woke up during this period?	_____	_____	_____
F. How many days were you drunk during this period?	_____	_____	_____
	Not working . . . . . 1		

28. Now I'd like to ask some questions about the whole period of the past 6 months—going all the way from (date of 6 months ago) to today. [POINT TO ENTIRE 6-MONTH PERIOD ON BLUE CARD.] When I say "the past 6 months," I mean this whole period.

Which answer on this card best fits your own pattern of drinking during that 6-month period?

HAND TAN CARD.

- Drinking every day or almost every day [ASK A] . . . . 1
- Drinking mainly on weekends or days off [ASK A] . . . 2
- Drinking only a few days a week [ASK A] . . . . . 3
- Going on binges [SKIP TO B-C] . . . . . 4
- Some other pattern? RECORD VERBATIM \_\_\_\_\_

[ASK A] 5

A. During that 6-month period would you say you ever went on a binge? Yes [ASK B & C] ..... 1 No [GO TO Q. 28] ..... 2

B. How many binges did you go on in that 6-month period? No. of binges \_\_\_\_\_

C. How long did the average binge last? No. of days \_\_\_\_\_

29. What was the most you drank on any single day during the whole 6-month period?  
**RECORD ALL BEER, WINE, AND LIQUOR**

<b>BEER</b>	<b>WINE</b>	<b>LIQUOR</b>
Cans _____	Quarts _____	Pints _____
( _____ oz. per can)	Fifths _____	Fifths _____
Bottles _____	Glasses _____	Quarts _____
( _____ oz. per bottle)	( _____ oz. per glass)	Shots _____
Six Packs _____	Other _____	( _____ oz. per shot)
( _____ oz. per can)	(SPECIFY _____)	Drinks _____
Glasses _____		( _____ oz. per drink)
( _____ oz. per glass)		
Quarts _____		
Other _____		
(SPECIFY _____)		

A. How many days during these 6 months did you drink that much or nearly that much? No. of days \_\_\_\_\_

30. When you drank, during the past 6 months, where did you do most of your drinking?  
**RECORD VERBATIM AND CODE**

At home ..... 1  
 At other persons' homes ..... 2  
 At bars or restaurants ..... 3  
 On the street/alley/hallway ..... 4  
 Other (SPECIFY \_\_\_\_\_) 5

31. Did you usually drink all day or only at certain times?  
**IF CERTAIN TIMES:**  
 A. What time of day—usually?  
 Mornings ..... 1  
 Afternoons ..... 2  
 Evening/night ..... 3  
 Mornings & afternoons ..... 4  
 Afternoons & evenings/nights ..... 5  
 Evenings/nights & mornings ..... 6  
 Other (SPECIFY \_\_\_\_\_) 7

32. Overall, which choice on this card best fits your drinking over the past 6 months?  
 Choose the answer you feel comes closest.  
**HAND GOLD CARD**

A. Abstaining ..... 1  
 B. Almost abstaining, rarely drinking ..... 2  
 C. Social or moderate drinking .. 3  
 D. Fairly heavy drinking ..... 4  
 E. Very heavy drinking ..... 5  
 F. Problem drinking ..... 6  
 G. Alcoholic drinking ..... 7

33. People drink alcoholic beverages for different reasons. I am going to read some statements that people have made about why they drink. As I read each statement, just tell me how often you drink for each reason—most of the time, some of the time, or rarely or never. If you don't drink now, answer for when you *were* drinking. **REPEAT CATEGORIES AFTER EACH STATEMENT.**

	Most of the time	Some of the time	Rarely or never
A. I drink to be sociable	1	2	3
B. I drink because I like the taste	1	2	3
C. I drink to forget my worries	1	2	3
D. I drink to relax	1	2	3
E. A drink helps cheer me up when I am in a bad mood	1	2	3
F. A drink helps me when I am depressed or nervous	1	2	3
G. I drink when I am bored and have nothing to do	1	2	3
H. I drink when I am thirsty	1	2	3
I. I drink to increase my self-confidence	1	2	3

34. Do you feel you have ever been an alcoholic?

- Yes [ASK A] ... 1
- No ..... 2
- Yes ..... 1
- No ..... 2

A. Do you feel you are an alcoholic at the present time?

- Yes ..... 1
- No ..... 2

IF DATE OF LAST DRINK WAS WITHIN THE PAST 30 DAYS ASK Q. 35. OTHERWISE, GO TO Q. 36.

35. Would you say that, right now, you can control the amount you drink when you start drinking, or do you usually lose control and drink too much?

- Can control the amount [GO TO Q. 37] ..... 1
- Usually lose control ..... 2
- Don't know, ..... 3

36. Would you say there was ever a time when you were drinking that you were able to control the amount you drank?

- Yes [ASK A] ..... 1
- No ..... 2
- Don't know ..... 3

A. When was the last time?

\_\_\_\_\_  
(Month/Year)

37. If you drink in the future, how do you think it would affect you—do you think it wouldn't hurt you at all, would it hurt you only a little, or would it hurt you very much?

- Wouldn't hurt at all [GO TO Q. 38] ... 1
- Would hurt a little [ASK A] ..... 2
- Would hurt very much [ASK A] ..... 3

A. In what ways would it hurt you the most?

RECORD VERBATIM AND CODE ALL THAT APPLY

- Death ..... 01
- Physical health ..... 02
- Mental health/emotionally ..... 03
- Marriage and family ..... 04
- Friends ..... 05
- Job or career ..... 06
- Finances ..... 07
- Nerves ..... 08
- Jail/problems with the law ..... 09
- Other (SPECIFY \_\_\_\_\_) ... 10

38. How would it affect your life if you never took another drink again—do you think your life would be better, worse, or about the same?

- Better ..... 1
- Worse ..... 2
- About the same ..... 3

39. I'd like to know how you feel about your drinking now. Would you say that your drinking ...

- Never was a problem ..... 1
- Is under control ..... 2
- Has improved, but is still a problem ... 3
- or, Continues to be a serious problem, ... 4

40. Do you think there are some people who are so sensitive to alcohol that they can't stop drinking after just one or two drinks?

- Yes ..... 1
- No ..... 2

41. Do you think that alcoholism is a disease from which a person can never completely recover?

- Yes ..... 1
- No ..... 2

42. Do you think that a person who was once an alcoholic will always be an alcoholic?  
 Yes ..... 1  
 No ..... 2

43. Do you think that an alcoholic can ever go back to moderate drinking and not start drinking too much?  
 Yes ..... 1  
 No ..... 2

44. Now I have some questions about some medical conditions you may have had. Has a doctor ever told you that you had cirrhosis of the liver, alcoholic liver disease, an enlarged liver, or something called "fatty liver?"  
 Yes [ASK A-D] ..... 1  
 No ..... 2

A. Which condition did he say you had?  
 CODE ALL THAT APPLY  
 Cirrhosis of the liver ..... 1  
 Alcoholic liver disease ..... 2  
 Enlarged liver ..... 3  
 Fatty liver ..... 4

B. When did he tell you this, approximately?  
 \_\_\_\_\_ Month \_\_\_\_\_ Year

C. When was the last time you saw a doctor about your liver problem?  
 \_\_\_\_\_ Month \_\_\_\_\_ Year  
 Yes ..... 1  
 No ..... 2  
 Don't know ..... 3

45. The next set of questions are about your physical health during the past 6 months—since \_\_\_\_\_ (date 6 months ago).  
 How often in the past six months did you take antacids for stomach pain or heartburn, such as tablets like *Tums* or *Rolaids* or white liquid medicine like *Maalox* or *Gelusil*?  
 RECORD VERBATIM AND CODE  
 Several times a day ..... 1  
 Once a day ..... 2  
 Several times a week ..... 3  
 Several times a month ..... 4  
 Once a month or less ..... 5  
 Never ..... 6

46. Now, I'm going to read you a list of some other medical conditions you might have had in the past 6 months. As far as you know, have you had any of these during that period?

Have you had . . . READ EACH ITEM

	Yes	No
A. Colds	1	2
B. The flu	1	2
C. Hapatitis or yellow jaundice	1	2
D. Ulcers	1	2
E. Stomach pain or stomach ache not caused by overeating	1	2
F. High blood pressure	1	2
G. Heart disease—heart failure, heart attack, or chest pains	1	2
H. High blood cholesterol, high blood fat, or high lipid content	1	2
I. Arthritis, rheumatism	1	2
J. Headaches	1	2
K. Diabetes	1	2
L. Gout	1	2
M. Numbness, tingling, or burning in legs and feet	1	2
N. Episodes of dizziness, lightheadedness, or vertigo	1	2
O. Fractures or broken bones	1	2
P. Pancreatitis	1	2
Q. Loss of balance or trouble walking straight when not under the influence of alcohol	1	2
R. Vitamin deficiencies or anemia	1	2
S. Trouble focusing eyes when not under the influence of alcohol	1	2
T. Weakness in muscles and limbs	1	2
U. D.T.s, convulsions, or hallucinations related to alcohol	1	2

47. Have you had any other serious physical problems, or problems with your health during the past 6 months?  
 Yes [ASK A]. . . . . 1  
 No. . . . . 2  
 Don't know. . . . . 3

A. What were they?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

48. Has a doctor *ever* told you that you had a particular physical problem that required you to stop drinking altogether—other than alcoholism?  
 Yes [ASK A-B] ..... 1  
 No ..... 2

A. What was this problem?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

B. When was this?  
 \_\_\_\_\_ Month \_\_\_\_\_ Year

49. During the past 6 months, did you stay overnight in a hospital, nursing home, or other medical facility?

Yes [ASK A-B] ..... 1  
 No ..... 2

A. In the past 6 months, how many nights altogether did you stay overnight in places like that?  
 No. of nights \_\_\_\_\_

B. (Was that time/were any of those times) because of something connected with drinking?  
 Yes ..... 1  
 No ..... 2

50. Have you ever taken Antabuse?  
 Yes [ASK A] ..... 1  
 No ..... 2

IF YES:  
 A. Are you now taking Antabuse?  
 Yes ..... 1  
 No [ASK B] ..... 2  
 Month \_\_\_\_\_  
 Year \_\_\_\_\_

B. When did you stop taking it?  
 \_\_\_\_\_  
 \_\_\_\_\_

51. In the past 6 months, have you taken any medicine or drugs other than Antabuse?  
 Yes [ASK A-C] ..... 1  
 No [GO TO Q. 52] ..... 2

A. What (are/were) you taking and what (do/did) you take it for?  
 RECORD ANSWERS IN COLUMNS 1 AND 2 BELOW

ASK FOR EACH MEDICINE OR DRUG:

B. How much did you take per day or per week?  
 RECORD ANSWERS IN COLUMN 3 BELOW

C. For how many weeks or months, did you take it? TOTAL FOR 6-MONTH PERIOD  
 RECORD ANSWERS IN COLUMN 4 BELOW

1. Name of drug	2. Taken for (tension, sleep, pain, etc.)	3. How much	4. How long
1. _____	_____	_____ per day or _____ per week	_____ weeks or _____ months
2. _____	_____	_____ per day or _____ per week	_____ weeks or _____ months
3. _____	_____	_____ per day or _____ per week	_____ weeks or _____ months
4. _____	_____	_____ per day or _____ per week	_____ weeks or _____ months

The next set of questions are about your general well-being over the past 6 months. Here is a card with a list of answers; just tell me for each question which answer comes closest to how you feel.  
 HAND YELLOW CARD

52. How much of the time during the past 6 months would you say you have enjoyed the things you do?  
 READ CATEGORIES

- A. All of the time ..... 1
- B. Most of the time ..... 2
- C. Some of the time ..... 3
- D. None of the time ..... 4

53. During the past 6 months, how much of the time have you felt tense or "high-strung"?

- A. All of the time ..... 1
- B. Most of the time ..... 2
- C. Some of the time ..... 3
- D. None of the time ..... 4

54. During the past 6 months, how often have you been bothered by problems with your memory or by problems concentrating?

- A. All of the time ..... 1
- B. Most of the time ..... 2
- C. Some of the time ..... 3
- D. None of the time ..... 4

55. During the past 6 months, how much of the time have you felt downhearted, blue, or depressed?

- A. All of the time ..... 1
- B. Most of the time ..... 2
- C. Some of the time ..... 3
- D. None of the time ..... 4

56. During the past 6 months, how much of the time have you felt anxious, worried, or upset?

A. All of the time . . . . . 1  
 B. Most of the time . . . . . 2  
 C. Some of the time . . . . . 3  
 D. None of the time . . . . . 4

**TAKE BACK CARD**

57. During the past 6 months, have you consulted a professional for any personal problems (other than drinking)?

Yes [ASK A] . . . . . 1  
 No . . . . . 2

A. Who did you see? Was it a:

Psychiatrist . . . . . 1  
 Psychologist . . . . . 2  
 Medical Doctor . . . . . 3  
 Brain or nerve specialist. . . . . 4  
 Marriage or family counselor . 5  
 Social worker . . . . . 6  
 or, Someone else (SPECIFY \_\_\_\_\_) 7

58. During the past 6 months, have you been arrested for drinking and driving?

Yes [ASK A] . . . . . 1  
 No . . . . . 2

A. How many times during the past 6 months? No. of times \_\_\_\_\_

59. During the past 6 months, have you been in jail?

Yes [ASK A-C] . . . . . 1  
 No [ASK C] . . . . . 2

A. How many days have you been in jail during that period? No. of days \_\_\_\_\_

B. (Was that time/were any of those times) because of something connected with drinking?  
 Yes . . . . . 1  
 No . . . . . 2

C. How many days were you in jail during the 6 months *before* that, that is from \_\_\_\_\_ to \_\_\_\_\_?  
 No. of days \_\_\_\_\_

60. Now, I'd like to ask some general questions about how you've been doing over the past four years. Here is a card showing that period, going back from now to 1973.

**HAND GRAY CARD**

First, I am going to ask you about some experiences you may have had in the past four years. Just tell me whether or not you have had the experience and, if so, when it happened to you.

In the past four years . . .

	YES [ASK A]	NO	A. In what month and year did it happen to you?
A. Did your last child leave home—including going away to college or into the service?	1	2	Month Year
B. Were you discharged from military service?	1	2	Month Year
C. Did you get married or remarried?	1	2	Month Year
D. Did you get divorced or separated?	1	2	Month Year
E. Were you widowed?	1	2	Month Year
F. Was a child added to your household?	1	2	Month Year
G. Did a close friend or family member die?	1	2	Month Year

YES NO  
[ASK A] → A. In what month and year did it happen to you?

H. Did you have a serious illness?

1 2  
Month Year  
Month Year  
Month Year  
Month Year  
Month Year  
Month Year

I. Did you change jobs?

1 2  
Month Year  
Month Year  
Month Year  
Month Year

J. Were you out of work?

1 2  
Month Year  
Month Year  
Month Year  
Month Year

IF DATE OF LAST DRINK WAS WITHIN THE PAST YEAR, READ THIS:

We've talked in some detail about your drinking in the past few months; now we'd like to ask a few questions about your drinking at other times since 1973.

61. Let's consider the period from the beginning of 1973 to the end of 1976. What were the times during this four-year period when you were abstaining for 3 months or more?

RECORD VERBATIM

From	To
Month/Year	Month/Year
Month/Year	Month/Year
Month/Year	Month/Year
Month/Year	Month/Year
Month/Year	Month/Year
None	..... 1

62. The last time you stopped drinking, what were the main reasons you stopped?  
RECORD VERBATIM

63. The last time you started drinking, what were the main reasons you started?  
RECORD VERBATIM

64. During this 4 year period from 1973 to 1976, what about the times when you were drinking heavily—about how much beer, wine, or liquor did you drink on a typical day?

RECORD VERBATIM, INCLUDING ALL BEER, WINE, AND LIQUOR. IF RESPONDENT WAS NOT DRINKING HEAVILY SKIP TO Q. 65.

BEER

Cans \_\_\_\_\_  
( \_\_\_\_\_ oz. per can)  
Bottles \_\_\_\_\_  
( \_\_\_\_\_ oz. per bottle)  
Six Packs \_\_\_\_\_  
( \_\_\_\_\_ oz. per can)  
Glasses \_\_\_\_\_  
( \_\_\_\_\_ oz. per glass)  
Quarts \_\_\_\_\_  
Other \_\_\_\_\_  
(SPECIFY \_\_\_\_\_)

56-57  
58-59  
60-61  
62-63  
64-65  
66-67  
68-69  
70-71  
72-73

WINE

Quarts \_\_\_\_\_  
Fifths \_\_\_\_\_  
Glasses \_\_\_\_\_  
( \_\_\_\_\_ oz. per glass)  
Other \_\_\_\_\_  
(SPECIFY \_\_\_\_\_)

LIQUOR

Pints \_\_\_\_\_  
Fifths \_\_\_\_\_  
Quarts \_\_\_\_\_  
Shots \_\_\_\_\_  
( \_\_\_\_\_ oz. per shot)  
Drinks \_\_\_\_\_  
( \_\_\_\_\_ oz. per drink)

BEGIN CARD 15

7-8  
9-10  
11-12  
13-14  
15-16

A. About how long would a period last when you drank heavily—| mean, on the average, how many days, months, or years?

No. of days \_\_\_\_\_  
 or  
 No. of months \_\_\_\_\_  
 or  
 No. of years \_\_\_\_\_

B. About how many times during the four years did you have a period of heavy drinking—even if it was longer or shorter than that average time?

No. of times \_\_\_\_\_

65. What about the times during these 4 years when you were drinking but not drinking heavily—about how much beer, wine, or liquor did you drink on a typical day?

**RECORD ALL BEER, WINE, AND LIQUOR**

**BEER**

\_\_\_\_\_ Cans \_\_\_\_\_  
 ( \_\_\_\_\_ oz. per can) \_\_\_\_\_  
 \_\_\_\_\_ Bottles \_\_\_\_\_  
 ( \_\_\_\_\_ oz. per bottle) \_\_\_\_\_  
 \_\_\_\_\_ Six Packs \_\_\_\_\_  
 ( \_\_\_\_\_ oz. per can) \_\_\_\_\_  
 \_\_\_\_\_ Glasses \_\_\_\_\_  
 ( \_\_\_\_\_ oz. per glass) \_\_\_\_\_  
 \_\_\_\_\_ Quarts \_\_\_\_\_  
 \_\_\_\_\_ Other \_\_\_\_\_  
 (SPECIFY \_\_\_\_\_)

**WINE**

\_\_\_\_\_ Quarts \_\_\_\_\_  
 \_\_\_\_\_ Fifths \_\_\_\_\_  
 \_\_\_\_\_ Glasses \_\_\_\_\_  
 ( \_\_\_\_\_ oz. per glass) \_\_\_\_\_  
 \_\_\_\_\_ Other \_\_\_\_\_  
 (SPECIFY \_\_\_\_\_)

**LIQUOR**

\_\_\_\_\_ Pints \_\_\_\_\_  
 \_\_\_\_\_ Fifths \_\_\_\_\_  
 \_\_\_\_\_ Quarts \_\_\_\_\_  
 \_\_\_\_\_ Shots \_\_\_\_\_  
 ( \_\_\_\_\_ oz. per shot) \_\_\_\_\_  
 \_\_\_\_\_ Drinks \_\_\_\_\_  
 ( \_\_\_\_\_ oz. per drink) \_\_\_\_\_

60-61  
62-63  
64-65  
66-67  
68-69

66. Often people report that drinking has created serious problems in their lives. During any of these periods when you were drinking, did your drinking have a harmful effect on your family or home life?

Yes [ASK A] ..... 1  
 No ..... 2

A. What exactly happened, and when? Did your wife leave you or threaten to leave you? Did you have a lot of fights or arguments, or what?

**RECORD VERBATIM**

From \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
 To \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
 From \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
 To \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
 From \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
 To \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

67. During (that/any of the) period(s) when you were drinking in those 4 years, did drinking have a harmful effect on your health? That is, did you have any illnesses or accidents that were related to drinking?

Yes [ASK A] ..... 1  
 No ..... 2

A. What exactly were the problems and when did they happen?

**RECORD VERBATIM**

From \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
 To \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
 From \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
 To \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
 From \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
 To \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_



68. During (that/any of the) period(s) when you were drinking, did drinking have a harmful effect on your job—things like missing work because of drinking, getting fired, or losing out on a job opportunity or a raise?

- Yes [ASK A] ..... 1
- No ..... 2
- Didn't work ..... 3

A. What exactly happened and when?

RECORD VERBATIM

\_\_\_\_\_ From \_\_\_\_\_ Month \_\_\_\_\_ Year

\_\_\_\_\_ To \_\_\_\_\_ Month \_\_\_\_\_ Year

\_\_\_\_\_ From \_\_\_\_\_ Month \_\_\_\_\_ Year

\_\_\_\_\_ To \_\_\_\_\_ Month \_\_\_\_\_ Year

\_\_\_\_\_ From \_\_\_\_\_ Month \_\_\_\_\_ Year

\_\_\_\_\_ To \_\_\_\_\_ Month \_\_\_\_\_ Year

69. Were there any times during the period from 1973 to 1976 when you were arrested or got into trouble with the law because of drinking?

- Yes [ASK A] ..... 1
- No ..... 2

A. What exactly happened and when?

RECORD VERBATIM. IF MORE THAN 3, LIST THE MOST RECENT.

\_\_\_\_\_ From \_\_\_\_\_ Month \_\_\_\_\_ Year

\_\_\_\_\_ To \_\_\_\_\_ Month \_\_\_\_\_ Year

\_\_\_\_\_ From \_\_\_\_\_ Month \_\_\_\_\_ Year

\_\_\_\_\_ To \_\_\_\_\_ Month \_\_\_\_\_ Year

\_\_\_\_\_ From \_\_\_\_\_ Month \_\_\_\_\_ Year

\_\_\_\_\_ To \_\_\_\_\_ Month \_\_\_\_\_ Year

70. Have you ever attended any AA meetings?

- Yes [ASK A & B] ..... 1
- No ..... 2

A. About how long ago did you last attend an AA meeting?

Today ..... 1

Days \_\_\_\_\_

Weeks \_\_\_\_\_

Months \_\_\_\_\_

Years \_\_\_\_\_

B. How often (do/did) you attend AA meetings (when you were going)—would you say . . .

- Regularly ..... 1
- or, Occasionally ..... 2

71. You'll recall I said we're talking to people like yourself who've had some contact with programs like (Name of ATC) . . . . . When you were there in 1973, did you receive any of the following kinds of help?

READ EACH ONE AND CODE ALL THAT APPLY

- |                                                                                                                       |     |    |
|-----------------------------------------------------------------------------------------------------------------------|-----|----|
|                                                                                                                       | Yes | No |
| A. Individual counseling or therapy—where you talked with a therapist one-on-one alone . . . . .                      | 1   | 2  |
| B. Group counseling or therapy . . . . .                                                                              | 1   | 2  |
| C. Family therapy—where you were seen together with your wife or other family members . . . . .                       | 1   | 2  |
| D. Lectures or educational sessions . . . . .                                                                         | 1   | 2  |
| E. Antabuse . . . . .                                                                                                 | 1   | 2  |
| F. Other medications . . . . .                                                                                        | 1   | 2  |
| G. AA meetings . . . . .                                                                                              | 1   | 2  |
| H. Recreational therapy—things like sports, games, or field trips . . . . .                                           | 1   | 2  |
| I. Occupational therapy—learning skills, trades, crafts, or hobbies . . . . .                                         | 1   | 2  |
| J. Relaxation therapy—where they taught you ways to relax or relieve tension without using drugs or alcohol . . . . . | 1   | 2  |
| K. Counseling on getting jobs . . . . .                                                                               | 1   | 2  |
| L. Counseling or advice on healthy diet and eating habits . . . . .                                                   | 1   | 2  |
| M. Did you stay overnight in the hospital or ward? . . . . .                                                          | 1   | 2  |
| N. Were you referred to another facility for help or treatment? . . . . .                                             | 1   | 2  |
| O. Was there anything else? (SPECIFY _____)                                                                           | 1   | 2  |

72. How much would you say the \_\_\_\_\_ (Name of AIC) \_\_\_\_\_ helped you—did it help you very much, somewhat, only a little, or didn't it help you at all?

Helped very much . . . . . 1 } ASK A  
 Helped somewhat . . . . . 2 }  
 Helped only a little . . . . . 3 }  
 Didn't help at all . . . . . 4 }

A. In what ways was the \_\_\_\_\_ (Name of AIC) \_\_\_\_\_ most helpful?  
 RECORD VERBATIM

73. Have you gotten any help to stop or cut down your drinking besides help you may have gotten from \_\_\_\_\_ (Name of AIC) \_\_\_\_\_ or AA?

Yes [ASK A-B] . . . . . 1  
 No [GO TO Q. 74] . . . . . 2

A. How long ago was the last time? \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

B. What type of place was that—was it a . . . . .  
 Hospital, mental health clinic, or alcohol counseling center . . . . . 1  
 A private physician . . . . . 2  
 A boarding home or mission . . . . . 3  
 Or, some other place (SPECIFY) \_\_\_\_\_ } 4

IF YEAR GIVEN IN 'A' WAS 1972 OR EARLIER, SKIP TO 'D'

C. Have you gotten any other help since the beginning of 1973 besides that?

Yes [ASK 1 and 2] . . . . . 1  
 No [GO TO D] . . . . . 2

[1] How many other places? \_\_\_\_\_ No. of places

[2] What type of (place was that/places were those)?  
 CODE ALL THAT APPLY  
 A hospital, mental health clinic, or alcohol counseling center . . . . . 1  
 A private physician . . . . . 2  
 A boarding home or mission . . . . . 3  
 Or, some other place (SPECIFY) \_\_\_\_\_ } 4

D. What about before 1973—did you ever get any other help?

Yes [ASK 1 and 2] . . . . . 1  
 No . . . . . 2

[1] How many other places? \_\_\_\_\_ No. of places

[2] What type of (place was that/places were those)?  
 CODE ALL THAT APPLY  
 A hospital, mental health clinic, or alcohol counseling center . . . . . 1  
 A private physician . . . . . 2  
 A boarding home or mission . . . . . 3  
 Or, some other place (SPECIFY) \_\_\_\_\_ } 4

74. What was your one major source of financial support last month, that is the month of \_\_\_\_\_

RECORD VERBATIM AND CODE ONE

Job(s) . . . . . 01  
 Spouse . . . . . 02  
 Alimony/child support . . . . . 03  
 Family or friends . . . . . 04  
 Public assistance (welfare/SSI) . . . . . 05  
 Pension (include Social Security) . . . . . 06  
 Insurance (include Workman's Compensation, Unemployment Insurance) . . . . . 07  
 Savings/investments . . . . . 08  
 Other (SPECIFY) \_\_\_\_\_ } 09

75. What was the total income before taxes that you earned from your job(s) in the last month?

Amount \$ \_\_\_\_\_  
 None . . . . . 1

76. What was the approximate total income you earned from jobs during 1976, before taxes?  
Just look at this card and tell me.

USE GREEN CARD

- A. Less than \$1,000 . . . . . 01
- B. \$1,000-\$1,999 . . . . . 02
- C. \$2,000-\$2,999 . . . . . 03
- D. \$3,000-\$3,999 . . . . . 04
- E. \$4,000-\$4,999 . . . . . 05
- F. \$5,000-\$5,999 . . . . . 06
- G. \$6,000-\$6,999 . . . . . 07
- H. \$7,000-\$7,999 . . . . . 08
- I. \$8,000-\$8,999 . . . . . 09
- J. \$9,000-\$9,999 . . . . . 10
- K. \$10,000-\$11,999 . . . . . 11
- L. \$12,000-\$13,999 . . . . . 12
- M. \$14,000-\$15,999 . . . . . 13
- N. \$16,000-\$18,999 . . . . . 14
- O. \$19,000-25,999 . . . . . 15
- P. \$26,000-\$50,000 . . . . . 16
- Q. Over \$50,000 . . . . . 17

77. What was the approximate total income of your household in 1976, before taxes? I mean income from all sources—including social security, family or friends, public assistance, or any other source.

INCLUDE INCOME FROM ALL SOURCES

USE GREEN CARD

- A. Less than \$1,000 . . . . . 01
- B. \$1,000-\$1,999 . . . . . 02
- C. \$2,000-\$2,999 . . . . . 03
- D. \$3,000-\$3,999 . . . . . 04
- E. \$4,000-\$4,999 . . . . . 05
- F. \$5,000-\$5,999 . . . . . 06
- G. \$6,000-\$6,999 . . . . . 07
- H. \$7,000-\$7,999 . . . . . 08
- I. \$8,000-\$8,999 . . . . . 09
- J. \$9,000-\$9,999 . . . . . 10
- K. \$10,000-\$11,999 . . . . . 11
- L. \$12,000-\$13,999 . . . . . 12
- M. \$14,000-\$15,999 . . . . . 13
- N. \$16,000-\$18,999 . . . . . 14
- O. \$19,000-25,999 . . . . . 15
- P. \$26,000-\$50,000 . . . . . 16
- O. Over \$50,000 . . . . . 17

78. How often do you attend religious services—would you say . . .

- Regularly . . . . . 1
- Occasionally . . . . . 2
- Rarely . . . . . 3
- or, Never . . . . . 4

79. What is your religious preference?

- Protestant [ASK A] . . . . . 1
- Catholic . . . . . 2
- Jewish . . . . . 3
- Other (SPECIFY \_\_\_\_\_)  
\_\_\_\_\_ ) [ASK A] . . . . . 4
- None . . . . . 5

A. Which denomination or group is that?

RECORD VERBATIM AND CODE

- Methodist . . . . . 01
- Presbyterian . . . . . 02
- Lutheran . . . . . 03
- Baptist . . . . . 04
- Episcopalian . . . . . 05
- Congregationalist . . . . . 06
- Jehovah's Witness . . . . . 07
- Seventh-Day Adventist . . . . . 08
- Disciple of Christ . . . . . 09
- Church of Christ . . . . . 10
- Latter-Day Saints, Mormon 11
- Pentecostal . . . . . 12
- Unitarian . . . . . 13
- Black Muslim . . . . . 14
- Other (SPECIFY \_\_\_\_\_) 15
- No specific denomination . . . . . 16

80. What do you consider to be your main racial or ethnic group?

- RECORD VERBATIM AND CODE.**
- White ..... 1
  - Black ..... 2
  - Asian-American ..... 3
  - Mexican-American ..... 4
  - Puerto Rican ..... 5
  - Other Spanish-American ..... 6
  - American Indian/Alaskan Native ..... 7
  - Other (SPECIFY \_\_\_\_\_) 8

Now I would like you to answer some questions by yourself about your general attitudes and interests. Here they are. Please read the written instructions carefully and circle the answers you feel come closest to you.

**GIVE THE RESPONDENT THE SELF-ADMINISTERED FDRM**

**RECORD TIME INTERVIEW ENDED**

TIME ENDED \_\_\_\_\_ a.m.  
\_\_\_\_\_ p.m.

**CHECK THE FRONT COVER AND INDICATE BELDW IF RESPONDENT IS IN GROUP A OR B.**

- Group A . . . . 1 → READ CONSENT FDRM A AND ADMINISTER SM-7 BREATH TEST
- Group B . . . . 2 → READ CONSENT FDRM B AND ADMINISTER SM-7 BREATH TEST

**RECORD CASE NUMBER AND EXACT TIME OF BREATH TEST, BELDW, AND DN THE SM-7 BDX.**

TIME BREATH TEST WAS ADMINISTERED \_\_\_\_\_ a.m.  
\_\_\_\_\_ p.m.

Johns Hopkins University, in cooperation with The Rand Corporation, is conducting interviews with people who have had some contact with programs like \_\_\_\_\_ as part of a national study sponsored by the Department of Health, Education, and Welfare.

Each person who is interviewed is also asked to take a breath test which measures alcohol content in the body. These tests are needed to show how exact or accurate people are when they give estimates of their drinking. We are also asking people who have been abstaining to take the test. We will pay you \$5.00 to compensate you for taking the test.

Participation in the test is voluntary; you may refuse or withdraw at any time. The test takes about 1 minute. It involves blowing up a balloon which captures air in a glass collection tube. You will have to blow hard, but there is no discomfort. We then send the tube to a laboratory that analyzes it and determines the results. The test results will be completely confidential. The test will be identified only by a code number, never by your name, so your particular test will never be divulged to anyone. Neither the laboratory that analyzes it nor the research staff will know the identity of the person who took the test.

Your participation is very important to us. You will be helping us to be sure that we have scientifically accurate information for our study.

**I HAVE READ AND I UNDERSTAND THE ABOVE INFORMATION AND AGREE TO PARTICIPATE IN THE TEST.**

Name \_\_\_\_\_ Signature \_\_\_\_\_  
(Please print name)

Date \_\_\_\_\_

CONSENT FORM B

Johns Hopkins University, in cooperation with The Rand Corporation, is conducting interviews involving people who have had some contact with programs like \_\_\_\_\_, as part of a national study sponsored by the Department of Health, Education, and Welfare.

Each person who is interviewed is also asked to take a breath test which measures alcohol content in the body. These tests are needed to show how exact or accurate people are when they give estimates of their drinking. We are also asking people who have been abstaining to take the test. We will pay you \$5.00 to compensate you for taking the test.

Participation in the test is voluntary; you may refuse or withdraw at any time. The test takes about 1 minute. It involves blowing up a balloon which captures air in a glass collection tube. You will have to blow hard, but there is no discomfort. We then send the tube to a laboratory that analyzes it and determines the results. The test results will be completely confidential. The test will be identified only by a code number, never by your name, so your particular test will never be divulged to anyone. Neither the laboratory that analyzes it nor the research staff will know the identity of the person who took the test.

If you agree, we would also like to come back in about a week to give you a second breath test and a 5-minute questionnaire about your drinking during the days before that. We will pay you an additional \$5.00 for taking the second test.

Your participation is very important to us. You will be helping us to be sure that we have scientifically accurate information for our study.

I HAVE READ AND I UNDERSTAND THE ABOVE INFORMATION AND AGREE TO PARTICIPATE IN THE TEST.

Name \_\_\_\_\_ Signature \_\_\_\_\_  
(Please print name)

Date \_\_\_\_\_

I HAVE READ THE INFORMATION PROVIDED ON THIS FORM AND AGREE TO PARTICIPATE IN THE BREATH TEST, BUT I PREFER NOT TO SIGN MY NAME ON THIS FORM.

CHECK HERE TO INDICATE YOU HAVE READ THE INFORMATION AND AGREE TO PARTICIPATE.

CLIENT INTERVIEW

CONSENT FORM C

Johns Hopkins University, in cooperation with the Rand Corporation, is conducting interviews with people who have had some contact with programs like \_\_\_\_\_, as part of a national study sponsored by the Department of Health, Education and Welfare.

There are two additional parts to the study that we would like you to participate in:

- 1. Each person who is interviewed is also asked to take a breath test which measures alcohol content in the body. These tests are needed to show how exact or accurate people are when they give estimates of their drinking. We are also asking people who have been abstaining to take the test. We will pay you \$5.00 to compensate you for taking this test.

Participation in the test is voluntary; you may refuse or withdraw at any time. The test takes about 1 minute. It involves blowing up a balloon which captures air in a glass collection tube. You will have to blow hard, but there is no discomfort. We then send the tube to a laboratory that analyzes it and determines the results. The test results will be completely confidential. The test will be identified only by a code number, never by your name, so your particular test will never be divulged to anyone. Neither the laboratory that analyzes it nor the research staff will know the identity of the person who took the test.

- 2. The second part of the study involves a 20-minute interview with someone who knows you well. There are many different ways to look at drinking. We appreciate what you have told us about how you see it. We would like your permission to talk with someone else who knows you pretty well and who can talk to us about your drinking and the other things we asked you about. A second point of view is very important to validate our study.

We want to assure you that nothing you told us will be revealed to that person. What they tell us, and what you tell us, is strictly confidential. Their interview, like yours, will be identified only by a code number, and names will never be used or revealed to the treatment center, to any government agency, or anyone else.

CLIENT INTERVIEW

CONSENT FORM C—continued

Before I contact the other person, I would like you to tell them that I will be talking with them about you. But please do not discuss the interviews; it might hamper the study or interfere with your relationship with that person if you discuss the interviews with anyone else.

Of course, participation is voluntary; you may refuse or withdraw from this part of the study at any time, and you will still receive the payments for the other parts you have done.

Your participation is very important to our study. You will be helping us to be sure that we have heard more than one point of view and that we have the best scientifically accurate information available.

I HAVE READ AND I UNDERSTAND THE ABOVE INFORMATION AND AGREE TO PARTICIPATE IN THE BREATH TEST.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Please print name)

I HAVE READ AND I UNDERSTAND THE ABOVE INFORMATION AND AGREE TO THE INTERVIEW WITH ANOTHER PERSON.

Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE DESIGNATE A PERSON WHO KNOWS YOU WELL, AND A SECOND PERSON IN CASE THE FIRST PERSON IS NOT AVAILABLE. PLEASE PRINT.

Name \_\_\_\_\_ First Person \_\_\_\_\_ Second Person \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

PLEASE NOTE: If you should decide later that you don't want us to come back or to talk to one of the persons you named, you can call our office number and tell us you want to withdraw. We will not contact either person you named until two days after today.

A

INTERVIEWER OBSERVATIONS

FILL IN ITEMS BELOW AFTER YOU LEAVE THE HOUSEHOLD

- a. Did the respondent show any signs of being under the influence of alcohol during the interview?
  - Yes, definitely . . . . . 1
  - Yes, possibly . . . . . 2
  - No, probably not . . . . . 3
  - No, definitely not . . . . . 4
  
- b. Is English the respondent's native language?
  - Yes . . . . . 1
  - No . . . . . 2
  
- c. Any drinking during interview?
 

CODE ALL THAT APPLY

  - None . . . . . 1
  - Soft Drinks/Fruit Juice . . . . . 2
  - Tea/Coffee . . . . . 3
  - Beer . . . . . 4
  - Wine . . . . . 5
  - Whiskey/Other hard liquor . . . . . 6
  - Water . . . . . 7
  - Other (SPECIFY \_\_\_\_\_) B
  
- d. Which of the following, if any, did the respondent exhibit during the interview?
 

CODE ALL THAT APPLY

  - 1. Difficulty balancing while standing . . . . . 1
  - 2. Swaying or appearing uncoordinated while walking . . . . . 2
  - 3. Redness or flushing of the skin . . . . . 3
  - 4. Sleepiness . . . . . 4
  - 5. Definite, unmistakable odor of alcohol on breath . . . . . 5
  - 6. Being confused, perplexed, or disoriented . . . . . 6
  - 7. Frequent memory lapses (forgetting what was just asked, what he just said, etc.) . . . . . 7
  - B. Slurring speech . . . . . 8
  - 9. Failing to finish sentences . . . . . 9
  - 10. Jumping from one thought to another unrelated thought . . . . . 10

B

- e. To what extent did the respondent have trouble grasping the sense of a question?
  - No trouble . . . . . 1
  - Some trouble . . . . . 2
  - Moderate trouble . . . . . 3
  - A lot of trouble . . . . . 4
  
- f. What was the appearance of the respondent's hands?
  - Steady . . . . . 1
  - Fine tremor . . . . . 2
  - Gross tremor . . . . . 3
  
- g. Location of interview:
  - Respondent's home or apartment . . . . . 1
  - Rooming house/halfway house . . . . . 2
  - Welfare hotel/flop house . . . . . 3
  - Street/park/outside . . . . . 4
  - Bar/restaurant . . . . . 5
  - Respondent's office/on the job . . . . . 6
  - Interviewer's car/home . . . . . 7
  - Other (SPECIFY \_\_\_\_\_) 8
  
- h. Did the client complete the self-administered form?
  - Yes . . . . . 1
  - No [ANSWER 1] . . . . . 2
  
- i. [1] Why not? \_\_\_\_\_
 

Did the client do the first BAC?

  - Yes . . . . . 1
  - No [ANSWER 1] . . . . . 2

[1] Why not? \_\_\_\_\_
  
- ANSWER FOR ALL THOSE ASSIGNED TO GROUP B ONLY
- j. Did the client give his consent for a second BAC?
  - Yes [ANSWER 1] . . . . . 1
  - No . . . . . 2

[1] Why not? \_\_\_\_\_

CLIENT INTERVIEW

C

ANSWER FOR ALL THOSE ASSIGNED TO GROUP C ONLY

k. Did the client give his consent for a collateral to be contacted?

Yes [ANSWER 1] . 1  
No [SKIP TO 2] . . 2

[1] Number of names given: \_\_\_\_\_  
If none, enter '0'

[2] Why not? \_\_\_\_\_

INTERVIEWER NUMBER: \_\_\_\_\_

INTERVIEWER'S SIGNATURE: \_\_\_\_\_



CASE # 

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**ATTITUDES AND INTERESTS**  
Self-Administered Form

## SELF-DESCRIPTION

Here is a list of statements that a person might use to describe himself. Please read each statement and decide whether or not it describes you. If you agree with the statement or feel that it describes you, circle TRUE; if you disagree with a statement or feel it does not describe you, circle FALSE.

	<u>True</u>	<u>False</u>
1. I find that I can think better when I have the advice of others.	1	2
2. Often I stop in the middle of one activity in order to start something else.	1	2
3. I delight in feeling unattached.	1	2
4. I am careful to consider all sides of an issue before taking action.	1	2
5. Family obligations make me feel important.	1	2
6. I often say the first thing that comes into my head.	1	2
7. People who try to regulate my conduct with rules are a bother.	1	2
8. I am pretty cautious.	1	2
9. I would feel lost and lonely roaming around the country alone.	1	2
10. When I go to the store, I often come home with things I had not intended to buy.	1	2
11. I could live alone and enjoy it.	1	2
12. Rarely, if ever, do I do anything reckless.	1	2
13. I respect rules because they guide me.	1	2
14. Many of my actions seem to be hasty.	1	2
15. I would not mind living in a very lonely place.	1	2
16. Emotion seldom causes me to act without thinking.	1	2
17. Adventures where I am on my own are a little frightening to me.	1	2
18. I have often broken things because of carelessness.	1	2
19. I would like to be alone and my own boss.	1	2
20. I have a reserved and cautious attitude toward life.	1	2
21. I like to do whatever is proper.	1	2
22. Most people feel that I act impulsively.	1	2
23. My thinking is usually careful and purposeful.	1	2

SELF-ADMINISTERED FORM

	<u>True</u>	<u>False</u>
24. I would like to have a job in which I didn't have to answer to anyone.	1	2
25. I usually try to share my problems with someone who can help me.	1	2
26. Sometimes I get several projects started at once because I don't think ahead.	1	2
27. I don't want to be away from my family too much.	1	2
28. I am quite independent of the opinions of others.	1	2
29. I find that thinking things over very carefully often destroys half the fun of doing them.	1	2
30. I am not one of those people who blurt out things without thinking.	1	2
31. My greatest desire is to be independent and free.	1	2
32. I generally rely on careful reasoning in making up my mind.	1	2

**ATTITUDES AND FEELINGS**

The following statements have to do with your feelings, beliefs, and behavior. For each statement, select one answer that is best for you and circle the number under that answer. There are no right or wrong answers to these statements.

	<i>Never/Very Rarely</i>	<i>Rarely</i>	<i>Occasionally</i>	<i>Frequently</i>	<i>Very Frequently/ Always</i>
1. I feel inferior to the people I know.	1	2	3	4	5
2. I feel so down-in-the-dumps that nothing can cheer me up.	1	2	3	4	5
3. My nerves seem to be on edge.	1	2	3	4	5
4. I expect things to turn out for the best.	1	2	3	4	5
5. My mood remains rather constant, neither going up or down.	1	2	3	4	5
6. I am free of inferior feelings.	1	2	3	4	5
7. Things have worked out well for me.	1	2	3	4	5
8. I relax without difficulty.	1	2	3	4	5
9. I have the feeling that the people I know are better than I am.	1	2	3	4	5
10. The future looks so gloomy that I wonder if I should go on.	1	2	3	4	5
11. I have difficulty trying to calm down.	1	2	3	4	5
12. I am optimistic.	1	2	3	4	5
13. I stay on an even keel emotionally.	1	2	3	4	5
14. I think I am just as good as the people I know.	1	2	3	4	5
15. When I look back, I think that life has been good to me.	1	2	3	4	5
16. I am free of tension.	1	2	3	4	5
17. I expect the worst to happen.	1	2	3	4	5

SELF-ADMINISTERED FORM

4

For the following statements, choose the answer that is best for you and circle the number under that answer for each statement. Again, there are no right or wrong answers.

	<u>Definitely</u>	<u>Probably Yes</u>	<u>Probably Not</u>	<u>Definitely Not</u>
18. I am inclined to be pessimistic.	1	2	3	4
19. I shift a great deal between high spirits and low spirits.	1	2	3	4
20. My moods change quickly and easily.	1	2	3	4

## THOUGHTS ABOUT OTHER PEOPLE

The following statements concern your attitudes and beliefs about yourself and other people, society, and drinking. Read each item and decide whether you generally agree or disagree with the statement. Circle your answer to the right of each question. This is a measure of personal beliefs. There are no right or wrong answers.

	<u>Agree</u>	<u>Disagree</u>
1. Real friends are as easy to find as ever.	1	2
2. People's misfortunes result from the mistakes they make.	1	2
3. Getting a good job depends mainly on being in the right place at the right time.	1	2
4. It's all right for a young man to get drunk once in a while.	1	2
5. Most people seldom feel lonely.	1	2
6. In the long run people get the respect they deserve in this world.	1	2
7. Most of the time I can't understand why politicians behave the way they do.	1	2
8. When I make plans, I am almost certain that I can make them work	1	2
9. I question the morals of a man who spends a lot of time in a bar.	1	2
10. There are few dependable ties between people any more.	1	2
11. In my case getting what I want has little or nothing to do with luck.	1	2
12. I have usually found that what is going to happen will happen, no matter what I do.	1	2
13. How many friends you have depends upon how nice a person you are.	1	2
14. A woman with children should never get drunk.	1	2
15. Getting people to do the right things depends upon ability, luck has little or nothing to do with it.	1	2
16. No matter how hard you try some people just don't like you.	1	2
17. In the long run the bad things that happen to us are balanced by the good ones.	1	2
18. The way things are now, a person has to look out pretty much for himself.	1	2

	<u>Agree</u>	<u>Disagree</u>
19. Even a family man is entitled to get drunk.	1	2
20. The average citizen can have an influence in government decisions.	1	2
21. People are lonely because they don't try to be friendly.	1	2
22. Many times I feel that I have little influence over the things that happen to me.	1	2
23. Most people are not really sincere in their relations with others.	1	2
24. I admire a girl who can drink right along with men.	1	2
25. Sometimes I feel that I don't have enough control over the direction my life is taking.	1	2
26. Without the right breaks a person cannot be an effective leader.	1	2

**ATC FOUR-YEAR FOLLOWUP STUDY  
COLLATERAL INTERVIEW**

June 1977

The Rand Corporation  
Santa Monica, California



COLLATERAL INTERVIEW

CONSENT FORM D

Johns Hopkins University, in cooperation with The Rand Corporation, is conducting interviews about drinking practices, as part of a national study sponsored by the Department of Health, Education, and Welfare. We have been talking to \_\_\_\_\_ about his life now and his drinking, and he gave us permission to talk to you about him. He told us that you know him well and that you know about his drinking.

We are very interested in your point of view on how \_\_\_\_\_ is doing now—the good and the bad things that have been happening in his life. We would like to talk with you for about 20 minutes about his life, his family, his work, and his drinking. If you participate, you will be helping us in a scientific study of drinking and its effects.

Of course, participation is voluntary; you may refuse or withdraw from the study at any time. During the interview, you may omit any questions that you don't wish to answer. Your opinions are very important to us, and we will treat your answers as strictly confidential. We will not reveal your answers to \_\_\_\_\_ or to anyone else. Our findings will be reported in summary form only; no names of individuals will be used. Our interview records are kept with a code number, not identified by name, and will be seen only by our research team; they will never be identified to anyone else. We are asking everyone who participates in these interviews not to discuss their answers with anyone. It might hamper the study, or interfere with your relationship with \_\_\_\_\_, if you discuss the interviews.

Your participation is very important to our study. You will be helping us to be sure that we have the best information available for a careful scientific study.

**I HAVE READ AND I UNDERSTAND THE ABOVE INFORMATION AND I AGREE TO PARTICIPATE.**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Please print name)

COLLATERAL INTERVIEW

1

ATC FOUR-YEAR FOLLOWUP STUDY  
COLLATERAL INTERVIEW

Case#

□ □ □ □

DATE \_\_\_\_\_  
Month/Day/Year

TIME STARTED \_\_\_\_\_ a.m.  
\_\_\_\_\_ p.m.

1. What is your relationship to Mr. \_\_\_\_\_?  
(client's name)

RECORD VERBATIM AND CODE ONE

- Wife . . . . . 01
- Common-law wife . . . . . 02
- Girlfriend . . . . . 03
- Other relative . . . . . 04
- Friend . . . . . 05
- Co-worker . . . . . 06
- Clergyman . . . . . 07
- Landlady/Landlord . . . . . 08
- Alcohol Counselor  
or Therapist . . . . . 09
- Social Worker/Other  
Therapist . . . . . 10
- Other (SPECIFY \_\_\_\_\_  
\_\_\_\_\_ ) 11

CIRCLE ONE CODE: ASK IF NECESSARY:

2. Are you now living in the same household with Mr. \_\_\_\_\_?

- Yes [ASK A] . . . . . 1
- No [GO TO B]. . . . . 2

IF YES:

A. How long have you lived in the same household?

No. of Years \_\_\_\_\_  
and  
No. of Months \_\_\_\_\_

COLLATERAL INTERVIEW

<b>IF NO:</b>	
B. Have you <u>ever</u> lived in the same household with Mr. _____ ?	
	Yes ..... 1
	No. .... 2
3. About how often do you usually (see/get together with) Mr. _____ ? Would you say ...	
	Every day ..... 1
	5 or 6 days a week ..... 2
	3 or 4 days a week ..... 3
	1 or 2 days a week ..... 4
	or, Less than once a week.. 5
4. How long have you known Mr. _____ ?	
	No. of months _____ and No. of years _____
Now I'd like to ask you some questions about Mr. _____ 's work.	
5. At the present time, does he have a full-time job, a part-time job, does he work at odd jobs, or is he unemployed?	
	Full-time job ..... 1
	Part-time job ..... 2
	Works at odd jobs ..... 3
	Unemployed ..... 4
	Don't know ..... 8
6. About how many days did he work in the last 30 days? <b>USE CALENDAR</b>	
	No. of days _____
	Don't know ..... 88
<b>IF NOT CURRENTLY WORKING, USE ALTERNATE WORDING:</b>	
7. What kind of work (does/did) Mr. _____ do (most recently in the past 12 months)? <b>PROBE</b>	
_____	OCCUPATION
	Didn't work in past 12 months {SKIP TO Q. 10} ..... 1
	Don't know ..... 8

8. As far as you know, (does/did) he work pretty steadily or (does/did) he miss work fairly often?

- (Works/worked ) pretty steadily . . . . 1
- (Misses/missed) work fairly often  
[ASK A] . . . . . 2
- Don't know . . . . . 8

A. What (is/was) the main reason that he (misses/missed work)?

RECORD VERBATIM

9. As far as you know, has he been laid off from a job, or otherwise lost a job, in the past 12 months?

- Yes, laid off [ASK A] . . . . . 1
- Yes, lost a job [ASK A] . . . . 2
- No . . . . . 3
- Don't know . . . . . 8

A. What was the main reason for his (being laid off/losing that job)?

RECORD VERBATIM

COLLATERAL INTERVIEW

Now, some questions about Mr. \_\_\_\_\_'s family and friends.

**IF SPOUSE, CIRCLE APPROPRIATE CODE WITHOUT ASKING QUESTION.**

10. Is he now legally married, widowed, divorced, separated, does he have a common-law wife, or has he never been married?

Married . . . . .	1
Widowed . . . . .	2
Divorced . . . . .	3
Separated . . . . .	4
Common-law wife . . . . .	5
Never married . . . . .	6
Don't know . . . . .	8

---

11. About how many close friends does Mr. \_\_\_\_\_ have at the present time—people he feels at ease with and can talk to about what's on his mind? You may include people who live with him or relatives.

No close friends [GO TO Q. 15] . . . . .	1
One close friend [ASK Q. 12] . . . . .	2
2 or more close friends. No. of close friends [GO TO Q. 13]: _____	
Don't know [GO TO Q. 15] . . . . .	8

**IF ONLY ONE CLOSE FRIEND, ASK:**

12. Does his close friend drink at all?

Yes [ASK A] . . . . .	1
No [GO TO Q. 15] . . . . .	2

A. Is this close friend a heavy drinker at the present time?

Yes [GO TO Q. 15] . . . . .	1
No [GO TO Q. 15] . . . . .	2

**IF MORE THAN ONE CLOSE FRIEND ASK:**

13. How many of these close friends are heavy drinkers at the present time?

No. of heavy drinkers \_\_\_\_\_

---

14. About how many of these close friends do not drink at all, at the present time?

No. of abstainers \_\_\_\_\_

---

15. How would you say things are going with Mr. \_\_\_\_\_'s home life or marriage, at the present time? Would you say things are going very well, fairly well, or not very well?

Very well . . . . .	1
Fairly well . . . . .	2
Not very well . . . . .	3
(Is not married/has no home life) . . . . .	4
Don't know . . . . .	5

Now I have some questions about Mr. \_\_\_\_\_ 's drinking.

16. As far as you know, when was the last time he drank any alcoholic beverage like beer, wine, or liquor, even if it was only a little?

Month \_\_\_\_\_  
Day \_\_\_\_\_  
Year \_\_\_\_\_ } GO TO Q. 17  
Don't know [ASK A] . . . . . 8

A. As far as you know did he drink in the past 12 months?

Yes [ASK B] . . . . . 1  
No [SKIP TO Q. 27] . . . . . 2  
Don't know [SKIP to Q.27] . . . . . 8

B. What month was that?

Month \_\_\_\_\_  
Don't know [SKIP TO Q. 23] . . . 88

**IF DATE OF LAST DRINK WAS OVER 1 YEAR AGO SKIP TO Q. 27**

17. Now I have some more detailed questions about Mr. \_\_\_\_\_ 's drinking. Think about the 30 days before his last drink, including the day of his last drink—that would be from \_\_\_\_\_ to \_\_\_\_\_ .

**IF RESPONDENT CAN NAME A MONTH BUT NOT A DAY, USE THE NAMED CALENDAR MONTH AS THE 30-DAY PERIOD.**

On about how many days would you say he drank any alcoholic beverage during that 30-day period?

**IF RESPONDENT CANNOT ESTIMATE NO. OF DAYS, HAND ORANGE CARD AND SAY:**  
Just look at this card and give me your best guess.

No. of days \_\_\_\_\_  
Don't know . . . . . 88

18. On about how many days during that same period did you actually see him drink—that is— on about how many days were you with him and able to observe him drinking?

**IF RESPONDENT CANNOT ESTIMATE NO. OF DAYS, HAND ORANGE CARD AND SAY:**  
Just look at this card and give me your best guess.

No. of days \_\_\_\_\_

19. During that 30-day period did he drink beer, ale, or any other malt beverage, such as malt liquor?

Yes [ASK A-E] . . . . . 1

No [GO TO Q. 20] . . . . . 2

Don't know [GO TO Q. 20]. 8

A. During those 30 days, on about how many days would you say he drank beer or any other malt beverage?

IF RESPONDENT *CANNOT* ESTIMATE NO. OF DAYS, HAND ORANGE CARD AND SAY:  
Just look at this card and give me your best guess.

No. of days \_\_\_\_\_

Don't know . . . . . 88

B. On a typical day when he drank beer or any other malt beverage, about how much did he drink?

RECORD VERBATIM AND ENTER AMOUNTS

Number of units \_\_\_\_\_

\_\_\_\_\_ Cans

\_\_\_\_\_ Bottles

\_\_\_\_\_ Six packs

\_\_\_\_\_ Glasses

\_\_\_\_\_ Quarts

\_\_\_\_\_ Other (SPECIFY \_\_\_\_\_)

Don't know . . . . . 8

C. During that period, did he ever drink

10 cans }  
10 bottles } or more in one day?  
10 glasses }  
4 quarts }

Yes [ASK D & E] . . . . . 1

No [GO TO E] . . . . . 2

Don't know [GO TO E] . 8

D. On how many days during that period, did he drink?

10 cans }  
10 bottles } or more?  
10 glasses }  
4 quarts }

No. of days \_\_\_\_\_

Don't know . . . . . 88

E. What is the name of the brand, or brands, he usually drinks?

RECORD VERBATIM

Don't know . . . . . 88

20. Did he drink wine during that 30-day period?

Yes [ASK A-F] . . . . . 1

No [GO TO Q. 21] . . . . . 2

Don't know [GO TO Q. 21] 8

A. About how many days during that period did he drink wine?

IF RESPONDENT *CANNOT* ESTIMATE NO. OF DAYS, HAND ORANGE CARD AND SAY:  
Just look at this card and give me your best guess.

No. of days \_\_\_\_\_

Don't know . . . . . 88

B. On a *typical* day when he drank wine, about how much wine did he drink?

RECORD VERBATIM AND ENTER AMOUNTS

Number of units	
_____	Quarts
_____	Fifths
_____	Wine glasses
_____	Water glasses
_____	Other (SPECIFY _____)
Don't know . . . . .	8

C. During that period did he ever drink two fifths of wine or more in one day?

Yes [ASK D-F] . . . . . 1

No [GO TO E] . . . . . 2

Don't know [GO TO E] . . . . . 8

D. On how many days did he drink that much, or more, in the 30 day period?

No. of days \_\_\_\_\_

Don't know . . . . . 88

E. Does he *usually* drink a fortified wine like sherry or port?

Yes . . . . . 1

No. . . . . 2

Don't know . . . . . 8

F. What is the type or brand he usually drinks?

RECORD VERBATIM

Don't know . . . . . 88



21. Did he drink any whiskey, gin, or other hard liquor during that 30-day period?

Yes [ASK A-H] ..... 1

No [GO TO Q. 22] ..... 2

Don't know [GO TO Q. 22] .... 8

A. About how many days during that period did he drink liquor?

IF RESPONDENT CANNOT ESTIMATE NO. OF DAYS, HAND ORANGE CARD AND SAY:  
Just look at this card and give me your best guess.

No. of days \_\_\_\_\_

Don't know ..... 88

B. On a typical day when he drank liquor, about how much liquor did he drink?

RECORD VERBATIM AND ENTER AMOUNTS

\_\_\_\_\_ Pints

\_\_\_\_\_ Fifths

\_\_\_\_\_ Quarts

\_\_\_\_\_ Shots

\_\_\_\_\_ Drinks

Don't know ..... 8

IF ANSWER IS IN NUMBER OF SHOTS:

C. About how many ounces are there in the shots he drinks?

No. of ounces \_\_\_\_\_

Don't know ..... 88

IF ANSWER IS IN NUMBER OF DRINKS:

D. About how much liquor (does/did) he usually have in a drink?

No. of ounces \_\_\_\_\_

Don't know ..... 88

E. During that period, did he ever drink a full pint of liquor or more in one day?  
That would be about 16 ounces.

Yes [ASK F-H] ..... 1

No [GO TO G] ..... 2

Don't know [GO TO G] ..... 8

F. On how many days did he drink that much, or more, in the 30-day period?

No. of days \_\_\_\_\_

Don't know ..... 88

G. How (does/did) he usually drink liquor—straight or with water or a mixer?  
NOTE: CODE NON-MIXER COCKTAILS SUCH AS MARTINIS, MANHATTANS AS "1"

Straight ..... 1

With water or mixer ..... 2

Don't know ..... 8

H. What is the type or brand of liquor he usually drinks?

RECORD VERBATIM

Don't know ..... 88

IF DATE OF LAST DRINK WAS OVER 6 MONTHS AGO, SKIP TO Q. 27.

22. What is the most Mr. \_\_\_\_\_ drank in a single day during the past 6 months— including all the beer, wine, or liquor that he drank? Estimate as closely as you can. RECORD ALL BEER, WINE, AND LIQUOR

<u>BEER</u>		<u>WINE</u>	<b>BEGIN CARD03</b>	<u>LIQUOR</u>
<u>Number of units</u>		<u>Number of units</u>		<u>Number of units</u>
_____ Cans	69-70	_____ Quarts	7-8	_____ Pints
_____ Bottles	71-72	_____ Fifths	9-10	_____ Fifths
_____ Six packs	73-74	_____ Wine glasses	11-12	_____ Quarts
_____ Glasses	75-76	_____ Water glasses	13-14	_____ Shots
_____ Quarts	77-78	_____ Other (SPECIFY _____)	15-16	_____ Drinks
_____ Other (SPECIFY _____)	79-80			

Don't know ..... 8

CARD03

23. Now I'd like to know whether certain things happened to Mr. \_\_\_\_\_ during the past six months—that, is from \_\_\_\_\_ to today.

IF YES:

A. How many days has this happened in the past 6 months?

CODE TOTAL NO. OF DAYS HERE

or

IF RESPONDENT *CANNOT* ESTIMATE NO. OF DAYS, HAND ORANGE CARD AND SAY: Just look at this card and give me your best guess. AND CODE HERE

Has he:	YES [ASK A]	I THINK YES	NO	DON'T KNOW		Total No. of Days	No. of Days per Month
Missed meals because of drinking?	1 [ASK A]	2	3	4	28		
Been drunk?	1 [ASK A]	2	3	4	29		
Had arguments or fights while drinking?	1 [ASK A]	2	3	4	30		
Had memory lapses or blackouts—times when he did something while drinking and couldn't remember it later?	1 [ASK A]	2	3	4	31		
Had the "shakes"?	1 [ASK A]	2	3	4	32		
Drunk alcohol on the job?	1 [ASK A]	2	3	4	33		
Had a drink as soon as he woke up?	1 [ASK A]	2	3	4	34		
Missed work or other activities because of drinking?	1 [ASK A]	2	3	4	35		
Gone on binges?	1 [ASK A]	2	3	4	36		

24. Overall, which choice on this card best fits Mr. \_\_\_\_\_ 's drinking over the past 6 months? Choose the answer you feel comes closest.

HAND GOLD CARD	Abstaining . . . . .	1
	Almost abstaining (rarely drinking) . . . . .	2
	Social or moderate drinking . . .	3
	Fairly heavy drinking . . . . .	4
	Very heavy drinking . . . . .	5
	Problem drinking . . . . .	6
	Alcoholic drinking . . . . .	7

---

25. During the past 6 months, has Mr. \_\_\_\_\_ been arrested for drinking and driving?

Yes [ASK A] . . . . .	1
No . . . . .	2
Don't know . . . . .	8

A. How many times during the past 6 months?

No. of times _____	
Don't know _____	88

---

26. During the past 6 months, was he ever in jail because of something connected with drinking?

Yes [ASK A] . . . . .	1
No . . . . .	2
Don't know . . . . .	8

A. How many days during the past 6 months?

No. of days _____	
Don't know . . . . .	88

---

27. During the past 6 months, has Mr. \_\_\_\_\_ stayed overnight in a hospital, nursing home, or other medical facility?

Yes [ASK A & B] . . . . .	1
No . . . . .	2
Don't know . . . . .	8

A. In the past 6 months, how many nights altogether did he stay overnight in places like that?

No. of nights _____	
Don't know . . . . .	8

B. (Was that time/were any of those times) because of something connected with drinking?	
Yes . . . . .	1
No. . . . .	2
Don't know . . . . .	8
28. As far as you know, has he had any serious physical problems or problems with his health during the past 6 months?	
Yes [ASK A] . . . . .	1
No . . . . .	2
Don't know . . . . .	8
A. What were they?	
RECORD VERBATIM	
29. Taking all things together, how would you say things are these days—would you say Mr. _____ is very happy, pretty happy, or not too happy, these days?	
Very happy . . . . .	1
Pretty happy . . . . .	2
Not too happy . . . . .	3
Thank you very much. We appreciate your participation in this study.	
Time ended: _____ a.m.	
_____ p.m.	

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**INTERVIEWER OBSERVATIONS**

**FILL IN THE ITEMS BELOW AFTER YOU LEAVE THE HOUSEHOLD**

A. Location of interview:

**CIRCLE APPROPRIATE CODE**

- Collateral's home or apartment . . . . 01
- Client's home or apartment . . . . . 02
- Flop house/welfare hotel . . . . . 03
- Rooming house/halfway house . . . . . 04
- Street/skid row/park . . . . . 05
- Bar/restaurant . . . . . 06
- Office/on the job . . . . . 07
- Interviewer's car or home. . . . . 08
- Other (SPECIFY \_\_\_\_\_) 09

B. Was Mr. \_\_\_\_\_ (client) \_\_\_\_\_ in the dwelling?

- There, in another room, during the interview . . . . . 1
- Not present . . . . . 2
- Other (SPECIFY \_\_\_\_\_) 3

C. Sex of respondent:

- Male . . . . . 1
- Female . . . . . 2

D. Did respondent show any signs of being under the influence of alcohol during the interview?

- Yes, definitely . . . . . 1
- Yes, possibly . . . . . 2
- No, probably not . . . . . 3
- No, definitely not . . . . . 4

E. Any drinking during interview?

**CIRCLE ALL THAT APPLY**

- None . . . . . 1
- Soft Drinks/Fruit Juice . . . . . 2
- Tea/Coffee . . . . . 3
- Beer . . . . . 4
- Wine . . . . . 5
- Whiskey/Other hard liquor . . . . . 6
- Water . . . . . 7
- Other (SPECIFY \_\_\_\_\_) 8

F. Which of the following, if any, did the respondent exhibit during the interview?

CODE ALL THAT APPLY

- 1. Difficulty balancing while standing . . . . . 1
- 2. Swaying or appearing uncoordinated while walking . . . . . 2
- 3. Redness or flushing of skin. . . . . 3
- 4. Sleepiness . . . . . 4
- 5. Definite, unmistakable odor of alcohol on breath . . . . . 5
- 6. Being confused, perplexed, or disoriented . . . . . 6
- 7. Frequent memory lapses (forgetting what was just asked,  
what he just said, etc.) . . . . . 7
- 8. Slurring speech . . . . . 8
- 9. Failing to finish sentences . . . . . 9
- 10. Jumping from one thought to another unrelated thought . . . . . 10

G. To what extent did the respondent have trouble grasping the sense of a question?

- No trouble . . . . . 01
- Some trouble . . . . . 02
- Moderate trouble . . . . . 03
- A lot of trouble . . . . . 04

H. What was the appearance of the respondent's hands?

- Steady . . . . . 01
- Fine tremor . . . . . 02
- Gross tremor . . . . . 03

INTERVIEWER SIGNATURE \_\_\_\_\_

INTERVIEWER NUMBER \_\_\_\_\_



## NATIONAL SURVEY OF ADOLESCENT DRINKING BEHAVIOR—1978

- Author:** Research Triangle Institute
- Assessment Areas Covered:** Alcohol consumption quantity/frequency, demographics, attitudes, drinking contexts, personality factors, adolescent drinking, perceived environment, drug use, tobacco consumption, behavioral aspects of drinking, consequences of alcohol and marijuana use, epidemiology, adolescent-directed questions
- Administration:** Self-administered (one class period or 45 minutes), voluntary, almost solely multiple choice, questionnaires identified by number and linked to name on separate file, administered to homeroom (or classroom); some items could be used for screening adolescents
- Design Features:** 104 multiple-choice items designed to survey adolescents.
- Abstract:** The two-volume Adolescent Drinking Behavior reports the major findings of the 1978 national study of adolescent drinking behavior conducted by the Research Triangle Institute for the National Institute on Alcohol Abuse and Alcoholism. Funding assistance was also provided by the National Institute on Drug Abuse. The study involved a nationwide sample of about 5,000 10th to 12th graders in the 48 contiguous States and 839 panel respondents who were 7th and 8th graders in the 1974 National Study of Adolescent Drinking Behavior, Attitudes and Correlates.

The nature and extent of adolescent alcohol use at the time of this study (spring 1978) were found to be remarkably similar to those in the 1974 study (spring 1974). In both studies, some experience with alcohol was almost universal for the 10th to 12th graders--about 89 percent in 1974 and 87 percent in 1978. Over 8 of 10 had "had drinks 2-3 times or more"--about 83 percent in 1974 and 81 percent in 1978. A large proportion drank frequently: in 1974 and 1978, respectively, about 29 and 27 percent drank once a week or more and about 64 and 62 percent drank once a month or more. Based on a quantity-frequency classification scheme developed for the 1974 study, about 51 percent in 1978 were classified in the abstainer, infrequent, or light drinker categories, and about 49 percent were classified in the moderate, moderate/heavier, or heavier drinker groups. Heavier drinkers, defined as drinking at least once per week and five or more drinks per typical drinking occasion, comprised about 15 percent of the weighted respondent population.

Prevalence and level of alcohol use among the 10th to 12th grade population studied were related to several factors that have been reported as correlates of adolescent drinking in previous studies. Included among these are: parents' drinking (positive), personal religiosity (negative), age (positive), peers' drinking (positive), grades in school (negative), marijuana use (positive), and cigarette smoking (positive). Generally, black adolescents drank less than those in other ethnic groups; adolescents living in the northeastern and north-central regions drank more than those in the south and west regions. Even though most of the young people studied were under the legal drinking age, they reported alcoholic beverages as easily available. Contrary to some literature, socioeconomic status was not found to be related to drinking.

Next to alcohol, marijuana was by far the most popular drug used. It was estimated that slightly over 50 percent of all 10th to 12th graders in the

contiguous States used marijuana at least once, with about 30 percent using the drug during the month prior to the survey. Frequent use of marijuana was strongly related to life-area problems associated with that use, such as school absences, problems with parents or friends, problems concentrating, and mood changes while using. Though it is apparent from the study data that marijuana and alcoholic beverages are not used as substitutes, the use of alcohol and the use of marijuana are highly correlated. Other drug use (ever used) ranged from a high of about 16 percent for stimulants to a low of slightly below 2 percent for heroin.

Based on an explicit definition of alcohol misuse using the criteria of frequency of drunkenness and experience of (perceived) alcohol-related negative consequences, about 3 of 10 study respondents were classified as alcohol misusers. The data revealed that a slightly higher proportion was in the misuser classification in 1978 than in 1974. Importantly, regardless of which criterion the respondents met, to be classified as alcohol misusers they experienced a relatively high frequency of alcohol-related negative consequences. Generally, the results of the two studies were consistent and in agreement with the literature in showing differences between users and misusers in several areas, including drinking behavior and personal and environmental correlates of drinking.

Related Published Reports:

Rachal, J.V.; Guess, L.L.; Hubbard, R.L.; Maisto, S.A.; Cavanaugh, E.R.; Waddell, R.; and Benrud, C.H. Adolescent Drinking Behavior, the Extent and Nature of Adolescent Alcohol and Drug Use: The 1974 and 1978 National Sample Studies. Vol. 1. Research Triangle Park, N.C.: Research Triangle Institute, 1980.

Jessor, R.; Donovan, J.E.; and Widmer, K. Adolescent Drinking Behavior, Psychosocial Factors in Adolescent Alcohol and Drug Use: The 1978 National Sample Study, and the 1974 and 1978 Panel Study. Vol. 2. Research Triangle Park, N.C.: Research Triangle Institute, 1980.

Donovan, J.E., and Jessor, R. Problem drinking and the dimension of involvement with drugs: A Guttman scalogram analysis of adolescent drug use. American Journal of Public Health, 73(5):543-552, 1983.

Rachal, J.V.; Maisto, S.A.; Guess, L.L.; and Hubbard, R.L. Alcohol use among youth. Alcohol Consumption and Related Problems, National Institute on Alcohol Abuse and Alcoholism. Alcohol and Health Monograph No. 1. DHHS Pub. No. 82-1190. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1982.

Maisto, S.A., and Rachal, J.V. Indications of the relationships among adolescent drinking practices, related behaviors, and drinking age laws. In: Wechsler, H., ed. Minimum Drinking Age Laws. Lexington, Mass.: Lexington Books, 1980.

Lowman, C.; Hubbard, R.L.; Rachal, J.V.; and Cavanaugh, E.R. Facts for planning, No. 5. Adolescent marijuana and alcohol use. Alcohol and Health Research World, 6(3):69-75, 1982.

Harford, T.C., and Mills, G.S. Age related trends in alcohol consumption. Journal of Studies on Alcohol, 39:207-210, 1978.

Lowman, C. Facts for planning, No. 1. Prevalence of alcohol use among U.S. senior high school students. DHHS Pub. No. 81-151. Alcohol Health and Research World, 6(1):29-40, 1981.

Donovan, J.E., and Jessor, R. Adolescent problem drinking. Psychosocial correlates in a national sample study. Journal of Studies on Alcohol, 39(9):1506-1524, 1978. Also reprinted in: Mayer, J., and Filstead, W.J., eds. Adolescence and Alcohol. Cambridge, Mass.: Ballinger, 1980.

Jessor, R.; Chase, J.A.; and Donovan, J.E. Psychosocial correlates of marijuana use and problem drinking in a national sample of adolescents. American Journal of Public Health, 70(6):604-613, 1980.

Availability Source: Thomas C. Harford, National Institute on Alcohol Abuse and Alcoholism, 5600 Fishers Lane, Rockville, Maryland 20857. The instrument is in the public domain and may be reproduced without permission.

## DIRECTIONS

- This questionnaire is divided into sections though the questions are numbered consecutively throughout the booklet.
- You will not be timed on any section or group of questions. However, please do not skip around. Start with question 1 and go through all of the questionnaire.
- Please carefully read and follow all directions for each question.
- For most questions, we ask you to indicate your answer(s) by marking X's or filling in a number. For a small number of questions we ask you to write a few words. (Three examples are on the following page.)
- Mark one answer for each question or part of a question. Completely erase any answer you wish to change. When you have completed the questionnaire, put it in the envelope that has been given to you and seal the envelope.
- We think you will enjoy completing the questionnaire. If you have any questions about how to complete an item, raise your hand and the supervisor will help you.
- If you are no longer in school, you will be unable to answer a few questions. For these, please mark "NA" for "not applicable" by the question.

## A STUDY OF ADOLESCENT DRINKING BEHAVIOR AND ATTITUDES

Thank you for accepting the invitation to participate in the Study of Adolescent Drinking Behavior and Attitudes. This study is being conducted in schools across the nation to find out how students feel about drinking, drug use and other topics by asking questions about attitudes and behavior.

Some of you participated in a similar study conducted in 1974. You may have seen newspaper and magazine articles on that study when the results were released. Of the over 13,000 young people in the 1974 Study, 1,500 were chosen at random for a "longitudinal" study—that is, a study of the same people over time to see how they change. In addition, small groups of 10th, 11th, and 12th grade students from all parts of the nation who did not participate in the previous study were chosen at random as a comparison group.

Whether you were in the previous study or whether this is the first time you've participated, we very much appreciate your help. The answers you and other students provide will help us to better understand young people and to design better educational and other programs about alcohol drinking and the use of various drugs.

Your answers to these questions will be confidential. No one at the school will see your answers. Your name will never be associated with the answers you give. We ask that you not write your name in the booklet so the answers cannot be associated with your name. Your participation in this study is strictly voluntary, so you may skip any question or group of questions that you do not wish to answer.

This study is sponsored by the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse of the U.S. Department of Health, Education, and Welfare and is being conducted by the Research Triangle Institute.

**EXAMPLE 1**

How old were you when your first brother or sister was born? Please X one blank or fill in the correct number.

4 Years old

       I have no younger brothers or sisters

**EXAMPLE 2**

What do you plan to do after high school? What do your friends plan to do after high school? Mark X on one blank line in each column.

<u>You</u>	<u>Your friends</u>	
<u>      </u>	<u>      </u>	Probably will not finish high school
<u>      </u>	<u>      </u>	Go to a two-year college
<u>      </u>	<u>      </u>	Go to a four-year college
<u>      </u>	<u>      </u>	Take a one-year training course
<u>      </u>	<u>  X  </u>	Get a job
<u>  X  </u>	<u>      </u>	Other, Please explain <u>job training program</u>
<u>      </u>	<u>      </u>	Don't know

**EXAMPLE 3**

How often do you: Mark X on one blank line in each row.

<u>Hardly ever</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>	
<u>  X  </u>	<u>      </u>	<u>      </u>	<u>      </u>	feel free to talk to your friends about your personal problems?
<u>      </u>	<u>  X  </u>	<u>      </u>	<u>      </u>	feel your teachers take a really personal interest in you?
<u>      </u>	<u>      </u>	<u>  X  </u>	<u>      </u>	feel your parents are really trying to help you with your problems?
<u>      </u>	<u>  X  </u>	<u>      </u>	<u>      </u>	feel your principal or teachers are too strict on rules of conduct in school?

**THE QUESTIONS IN THIS SECTION ASK YOU TO IDENTIFY YOURSELF—NOT BY NAME—BUT BY AGE, GRADE LEVEL, FAMILY BACKGROUND, ETC.**

**MARK X BY YOUR BEST ANSWER TO EACH QUESTION OR EACH PART OF A QUESTION.**

1. In what month were you born?

January     February     March     April     May     June  
 July     August     September     October     November     December

2. In what year were you born?

1955     1956     1957     1958     1959  
 1960     1961     1962     1963     1964

3. Are you:

Male?     Female?

4. What grade (or level) are you in? *Mark X on one blank line.*

10th     11th     12th  
 Dropped out of high school before graduating  
 Other, *Please explain* \_\_\_\_\_

5. What grades do you (or did you) usually get? *Mark X on one blank line.*

Mostly A's (a numerical average of 90-100)  
 Mostly A's and B's (85-89)  
 Mostly B's (80-84)  
 Mostly B's and C's (75-79)  
 Mostly C's (70-74)  
 Mostly C's and D's (65-69)  
 Mostly D's and F's (64 and below)  
 Other, *Please explain* \_\_\_\_\_

6. Please tell us if your family situation has changed in a major way during the past four years. Please mark X for each statement that describes something that happened to you. Indicate the number of years and/or months ago this happened.

- Parents became separated or divorced \_\_\_\_\_ years and/or \_\_\_\_\_ months ago.
- Your father remarried \_\_\_\_\_ years and/or \_\_\_\_\_ months ago.
- Your mother remarried \_\_\_\_\_ years and/or \_\_\_\_\_ months ago.
- You got married \_\_\_\_\_ years and/or \_\_\_\_\_ months ago.
- Your father died \_\_\_\_\_ years and/or \_\_\_\_\_ months ago.
- Your mother died \_\_\_\_\_ years and/or \_\_\_\_\_ months ago.
- Your brother died \_\_\_\_\_ years and/or \_\_\_\_\_ months ago.
- Your sister died \_\_\_\_\_ years and/or \_\_\_\_\_ months ago.
- Someone else close to you died \_\_\_\_\_ years and/or \_\_\_\_\_ months ago.  
Would you please tell us how this person was related to you (aunt, uncle, etc.).  
\_\_\_\_\_
- None of the above has happened to me during the past four years.

Questions 7, 8, and 9 refer to your parents. If you were raised by foster parents, stepparents, grandparents or some other person or persons, answer for them. For example, if you have both a stepfather and natural father, answer for the one who was most important in raising you.

7. How much education do your parents have? Mark X on one blank line for the column headed "Father" and mark X on one blank line for the column headed "Mother."

<u>Father</u>	<u>Mother</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Did not complete the 8th grade.
<input type="checkbox"/>	<input type="checkbox"/>	Completed the 8th grade but did not go to high school.
<input type="checkbox"/>	<input type="checkbox"/>	Went to high school but did not graduate.
<input type="checkbox"/>	<input type="checkbox"/>	Graduated from high school.
<input type="checkbox"/>	<input type="checkbox"/>	Some college or special training after high school.
<input type="checkbox"/>	<input type="checkbox"/>	Graduated from college.
<input type="checkbox"/>	<input type="checkbox"/>	Some education after college, like graduate school, a master's degree, doctor's degree, medical school, law school, etc.
<input type="checkbox"/>	<input type="checkbox"/>	I don't know.
<input type="checkbox"/>	<input type="checkbox"/>	Does not apply.



8. Please read the groups of occupations listed below very carefully. Though none of these descriptions may exactly describe what your parent does for a living, pick the one group that is the best answer.

Mark X on one blank line that best describes your father's work under the column headed "Father" and then mark X on one blank line that best describes your mother's work under the column headed "Mother." If your mother works outside of the home 20 hours a week or more, place her in one of the paid-job categories only.

Father    Mother

- |     |     |                                                                                                                                                                           |
|-----|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ___ | ___ | APPRENTICE: apprentice bricklayer, mechanic, plumber                                                                                                                      |
| ___ | ___ | CLERICAL: bank teller, bookkeeper, secretary, typist, mail carrier, ticket agent                                                                                          |
| ___ | ___ | CRAFTSMAN: baker, automobile mechanic, machinist, painter, plumber, telephone installer, carpenter                                                                        |
| ___ | ___ | FARMER, FARM MANAGER                                                                                                                                                      |
| ___ | ___ | FARM LABORER AND FOREMAN                                                                                                                                                  |
| ___ | ___ | HOMEMAKER OR HOUSEWIFE                                                                                                                                                    |
| ___ | ___ | LABORER: car washer, lumberman, sanitation worker, fisherman                                                                                                              |
| ___ | ___ | MANAGER, ADMINISTRATOR: sales manager, office manager, school administrator, buyer, restaurant manager, government official                                               |
| ___ | ___ | MILITARY: career officer, enlisted man or woman in the armed forces                                                                                                       |
| ___ | ___ | OPERATIVE: meat cutter; assembler; machine operator; welder; taxicab, bus, or truck driver; gas station attendant                                                         |
| ___ | ___ | PROFESSIONAL: accountant, artist, clergyman, dentist, physician, registered nurse, engineer, lawyer, librarian, teacher, writer, scientist, social worker, actor, actress |
| ___ | ___ | PROPRIETOR OR OWNER: owner of a small business, contractor, restaurant owner                                                                                              |
| ___ | ___ | PROTECTIVE SERVICE: detective, policeman or guard, sheriff, fireman                                                                                                       |
| ___ | ___ | SALES: salesman, sales clerk, advertising or insurance agent, real estate broker                                                                                          |
| ___ | ___ | SERVICE: barber, beautician, practical nurse, private household worker, janitor, waiter                                                                                   |
| ___ | ___ | TECHNICAL: draftsman, medical or dental technician, computer programmer                                                                                                   |
| ___ | ___ | UNEMPLOYED                                                                                                                                                                |
| ___ | ___ | I DON'T KNOW                                                                                                                                                              |
| ___ | ___ | DOES NOT APPLY                                                                                                                                                            |
| ___ | ___ | OTHER <i>Please explain.</i> _____                                                                                                                                        |

9. Please look over the list of religions on the right. Then mark X on one blank line which best indicates your father's religion, your mother's religion, and your religion. *Mark X on one blank line for each person.*

<u>Father's</u>	<u>Mother's</u>	<u>Yours</u>	
			Protestant
_____	_____	_____	Baptist
_____	_____	_____	Lutheran
_____	_____	_____	Episcopal
_____	_____	_____	Methodist
_____	_____	_____	Presbyterian
_____	_____	_____	Other Protestant. <i>Explain</i> _____
_____			
_____	_____	_____	Roman Catholic
_____	_____	_____	Jewish
_____	_____	_____	Mormon
_____	_____	_____	Other religion, <i>Explain</i> _____
_____			
_____	_____	_____	Do not have a religion
_____	_____	_____	I don't know
_____	_____	_____	Does not apply.

10. How many times have you attended religious services during the last year?

- \_\_\_\_\_ More than once a week
- \_\_\_\_\_ About once a week
- \_\_\_\_\_ 2-3 times a month
- \_\_\_\_\_ About once a month
- \_\_\_\_\_ About every other month
- \_\_\_\_\_ Once or twice a year
- \_\_\_\_\_ Have not gone to religious services (church)

11. We would like to know how important religion is to you in your daily life. Please mark X on one blank line for each of the following five items to show how important each is to you. Mark X on one blank line in each row.

How important is it for you:

<u>Not</u> <u>important</u>	<u>Slightly</u> <u>important</u>	<u>Important</u>	<u>Very</u> <u>important</u>	
_____	_____	_____	_____	to be able to join and participate in religious youth programs?
_____	_____	_____	_____	to be able to rely on religious counsel or teaching when you have a problem?
_____	_____	_____	_____	to believe in God?
_____	_____	_____	_____	to be able to turn to prayer when you're facing a personal problem?
_____	_____	_____	_____	to attend religious services regularly?

12. What is your racial/ethnic background? Mark X on one blank line.

- |                                                            |                                                        |
|------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Hispanic                      |
| <input type="checkbox"/> Asian or Pacific Islander         | <input type="checkbox"/> White, not of Hispanic Origin |
| <input type="checkbox"/> Black, not of Hispanic Origin     | <input type="checkbox"/> Other, Explain _____          |

13. In an average week, about how much money do you have available to spend as you wish? Mark X on one blank line.

- |                                           |                                            |
|-------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> None             | <input type="checkbox"/> About \$4 to \$6  |
| <input type="checkbox"/> Less than \$2    | <input type="checkbox"/> About \$6 to \$10 |
| <input type="checkbox"/> About \$2 to \$3 | <input type="checkbox"/> More than \$10    |

14. If you had a serious decision to make—like whether or not to continue in school, or whether or not to get married—whose opinion would you value more, your parents' or your friends'?

- |                                                                 |                                           |
|-----------------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Parents' opinion                       | <input type="checkbox"/> Friends' opinion |
| <input type="checkbox"/> Parents' and friends' opinions equally | <input type="checkbox"/> I don't know     |

15. With regard to your present outlook on life—what's important to do and what's important to be—whose views have had a greater impact on you, your friends' or your parents'?

- |                                                              |                                        |
|--------------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Parents' view                       | <input type="checkbox"/> Friends' view |
| <input type="checkbox"/> Parents' and friends' views equally | <input type="checkbox"/> I don't know  |

THE QUESTIONS IN THIS SECTION ARE ABOUT YOU, YOUR FRIENDS, AND YOUR FAMILY AS YOU SEE THEM. WE ARE INTERESTED IN WHAT YOU FEEL TO BE TRUE RATHER THAN WHAT SOMEONE ELSE MIGHT GIVE AS THE "RIGHT" ANSWER.

AGAIN, YOUR "PARENTS" ARE THOSE YOU FEEL SERVE THE FUNCTION OF YOUR PARENTS WHETHER THEY ARE YOUR NATURAL PARENTS OR NOT.

16. We would like to know how important each of the following is to you. There are no right or wrong answers. Just mark the one blank line which tells best how strongly you would like each to happen to you. *Mark X on one blank line in each row.*

How strongly would you like:

<u>Neither like nor dislike</u>	<u>Like a little</u>	<u>Like</u>	<u>Like pretty much</u>	<u>Like very much</u>	
_____	_____	_____	_____	_____	to be able to decide for yourself how to spend your free time?
_____	_____	_____	_____	_____	to get at least a B average?
_____	_____	_____	_____	_____	to choose your own clothes and personal possessions without having to get advice from others?
_____	_____	_____	_____	_____	to be free to use the money you have in whatever way you choose?
_____	_____	_____	_____	_____	to be considered a bright student by your teachers?
_____	_____	_____	_____	_____	to be free to make your own plans now about what you're going to do with your life?
_____	_____	_____	_____	_____	to be thought of as a good student by the other students?
_____	_____	_____	_____	_____	to come out near the top of the class on exams?
_____	_____	_____	_____	_____	to be free to decide for yourself what movies to see or books to read?
_____	_____	_____	_____	_____	to have good enough grades to go on to college if you want to?

17. Listed below are phrases that could describe a person. Think of the kind of person you would like to be. Then mark X on one blank line in each row to show how much you would like or dislike to be described by each phrase.

How much would you like to be a:

<u>Would dislike it very much</u>	<u>Would dislike it some- what</u>	<u>Neither like nor dislike</u>	<u>Would like it some- what</u>	<u>Would like it very much</u>	
_____	_____	_____	_____	_____	loving, affectionate person?
_____	_____	_____	_____	_____	bold, confident person?
_____	_____	_____	_____	_____	sympathetic person?
_____	_____	_____	_____	_____	dominating person?
_____	_____	_____	_____	_____	generous person?
_____	_____	_____	_____	_____	competitive person?
_____	_____	_____	_____	_____	self-controlled person?
_____	_____	_____	_____	_____	sensitive person?
_____	_____	_____	_____	_____	reasonable, rational person?
_____	_____	_____	_____	_____	shy, reserved person?
_____	_____	_____	_____	_____	ambitious person?

18. We would like to know how you feel about each of the following. There are no right or wrong answers. Mark X on one blank line which shows best how you feel about each statement.

<u>Strongly agree</u>	<u>Agree</u>	<u>Neither agree nor disagree</u>	<u>Disagree</u>	<u>Strongly disagree</u>	
_____	_____	_____	_____	_____	It is worse for a woman to drink than it is for a man.
_____	_____	_____	_____	_____	It is important to me to look as attractive as I can to others.
_____	_____	_____	_____	_____	It is worse for a girl to drink than it is for a boy.

19. We're interested in how wrong you think different kinds of action are. Most people think that something like murder is very wrong while something like bragging may be considered only a little bit wrong or not wrong at all. Please show how wrong you think each action is by marking X on one blank line in each row.

How wrong is it:

<u>Not wrong</u>	<u>A little bit wrong</u>	<u>Wrong</u>	<u>Very wrong</u>	
—	—	—	—	to smoke without your parents' permission?
—	—	—	—	to take little things that don't belong to you?
—	—	—	—	to go to a movie the night before a test?
—	—	—	—	to cause a disturbance in a movie theater even after having been asked to stop?
—	—	—	—	to skip school without a legitimate excuse?
—	—	—	—	to break into a place that is locked just to look around?
—	—	—	—	to damage public or private property that does not belong to you just for fun?
—	—	—	—	to lie to your parents about where you have been or whom you were with?
—	—	—	—	to beat up another kid without much reason?
—	—	—	—	to stay out all night without your parents' permission?
—	—	—	—	to take something of value from a store without paying for it?
—	—	—	—	to damage school property on purpose—like library books, or musical instruments, or gym equipment?
—	—	—	—	to deliberately ruin something your parents value after having an argument with them?

20. We'd like to know if and how you've changed during the past year or so. During this time, have you changed with respect to the following items? If so, how have you changed? Please mark X on one blank line for each statement.

a. My ability to handle important decisions in my life.

\_\_\_ Better                    \_\_\_ About the same                    \_\_\_ Worse

b. My ability to do the things I'm really interested in doing.

\_\_\_ Better                    \_\_\_ About the same                    \_\_\_ Worse

c. My relationships with my friends of the same sex.

\_\_\_ Closer                    \_\_\_ No change                    \_\_\_ Not as close

d. My school work.

\_\_\_ Better                    \_\_\_ About the same                    \_\_\_ Worse

e. My relationships with my friends of the opposite sex.

\_\_\_ Closer                    \_\_\_ No change                    \_\_\_ Not as close

f. How interesting I am, in general, to other people.

\_\_\_ More interesting                    \_\_\_ About the same                    \_\_\_ Less interesting

g. My feelings about my future.

\_\_\_ More positive                    \_\_\_ No change                    \_\_\_ Less positive

h. My physical appearance.

\_\_\_ More attractive                    \_\_\_ No change                    \_\_\_ Less attractive

i. My relationships with my family.

\_\_\_ Closer                    \_\_\_ No change                    \_\_\_ Not as close

j. My overall feeling about myself.

\_\_\_ More positive                    \_\_\_ No change                    \_\_\_ Less positive

THE QUESTIONS IN THIS SECTION ASK ABOUT YOUR EXPERIENCE WITH BEER, WINE, AND LIQUOR.

PLEASE TRY TO ANSWER ALL QUESTIONS AS TRUTHFULLY AS POSSIBLE. REMEMBER THAT WE ARE NOT REPORTING THE RESULTS OF THE SURVEY AS REPORTS OF INDIVIDUALS OR EVEN OF INDIVIDUAL SCHOOLS. ALL RESULTS WILL BE REPRESENTED AS: ALL SENIOR HIGH SCHOOL STUDENTS IN THE MIDWEST; OR, ALL 11TH GRADE STUDENTS IN PRIVATE SCHOOLS; OR, ALL JUNIOR HIGH SCHOOL BOYS, ETC.

YOUR QUESTIONNAIRE WILL NOT BE AVAILABLE TO ANYONE BUT THE STAFF AT THE RESEARCH TRIANGLE INSTITUTE. YOUR NAME WILL NEVER BE ASSOCIATED WITH THE ANSWERS YOU GIVE.

21. Have you ever had a drink of wine, beer, or liquor—not just a sip or a taste?

Yes                       No

22. How old were you when you had your first drink (not just a sip or taste)? *Mark X on one blank line.*

<input type="checkbox"/> Can't remember	<input type="checkbox"/> 12 years old
<input type="checkbox"/> Never had a drink	<input type="checkbox"/> 13 years old
<input type="checkbox"/> 7 years old or less	<input type="checkbox"/> 14 years old
<input type="checkbox"/> 8 years old	<input type="checkbox"/> 15 years old
<input type="checkbox"/> 9 years old	<input type="checkbox"/> 16 years old
<input type="checkbox"/> 10 years old	<input type="checkbox"/> 17 years old
<input type="checkbox"/> 11 years old	<input type="checkbox"/> 18 years old or more

23. Have you had a drink of wine, beer, or liquor more than two or three times in your life?

Yes                       No



Now we would like to ask you a few questions about your current drinking habits.

24. Let's take beer first. How often do you usually have beer? Mark X on one blank line.

- Do not drink beer at all
- Every day
- Three or four days a week
- One or two days a week
- Three or four days a month
- About once a month
- Less than once a month, but at least once a year
- Less than once a year

25. Think of all the times you have had beer recently. When you drink beer, how much do you usually have at one time, on the average?

- Do not drink beer at all
- Twelve or more cans of beer (two six-packs or more)
- About nine cans of beer
- Six cans of beer
- Five cans of beer
- Four cans of beer
- Three cans of beer
- Two cans of beer
- One can of beer
- Less than one can of beer

26. Think of all the times you have had beer recently. What is the greatest amount of beer you have ever had at any one particular time?

- Do not drink beer at all
- Twelve or more cans of beer (two six-packs or more)
- About nine cans of beer
- Six cans of beer
- Five cans of beer
- Four cans of beer
- Three cans of beer
- Two cans of beer
- One can of beer
- Less than one can of beer

27. Now, we want to ask you about wine. How often do you usually have wine? *Mark X on one blank line.*

- Do not drink wine at all
- Every day
- Three or four days a week
- One or two days a week
- Three or four days a month
- About once a month
- Less than once a month, but at least once a year
- Less than once a year

28. Think of all the times you have had wine recently. When you drink wine, how much do you usually have at one time, on the average?

- Do not drink wine at all
- Twelve or more wine glasses
- About nine wine glasses
- Six wine glasses
- Five wine glasses
- Four wine glasses
- Three wine glasses
- Two wine glasses
- One wine glass
- Less than one wine glass

29. Think of all the times you have had wine recently. What is the greatest amount of wine you have ever had at any one particular time?

- Do not drink wine at all
- Twelve or more wine glasses
- About nine wine glasses
- Six wine glasses
- Five wine glasses
- Four wine glasses
- Three wine glasses
- Two wine glasses
- One wine glass
- Less than one wine glass

30. Now, we want to ask you about liquor (whiskey, vodka, gin, mixed drinks, etc.). How often do you usually have a drink of liquor? *Mark X on one blank line.*

- Do not drink liquor at all
- Drink every day
- Drink three or four days a week
- Drink one or two days a week
- Drink three or four days a month
- Drink about once a month
- Drink less than once a month, but at least once a year
- Drink less than once a year

31. Think of all the times you have had liquor recently. How many drinks do you usually have at one time, on the average?

- Do not drink liquor at all
- Twelve or more drinks
- About nine drinks
- Six drinks
- Five drinks
- Four drinks
- Three drinks
- Two drinks
- One drink
- Less than one drink

32. Think of all the times you have had liquor recently. What is the greatest number of drinks you have ever had at any one time?

- Do not drink liquor at all
- Twelve or more drinks
- About nine drinks
- Six drinks
- Five drinks
- Four drinks
- Three drinks
- Two drinks
- One drink
- Less than one drink

33. Please indicate how often you drink beer, wine, or liquor in each of the following settings, places, or occasions. Mark X on one blank line in each row.

<u>Never drink or don't drink in this setting</u>	<u>Sometimes</u>	<u>Frequently</u>	<u>Most of the time</u>	
—	—	—	—	At teenage parties when others are drinking and your parents or other adults <u>are not</u> present
—	—	—	—	At home on special occasions such as birthdays, or holidays such as Thanksgiving, etc.
—	—	—	—	Driving around or sitting in a car at night
—	—	—	—	At dinner at home with the family
—	—	—	—	At places where teenagers hang around when their parents or other adults <u>are not</u> present
—	—	—	—	At a teenage party when others are drinking and when your parents or other adults <u>are</u> present
—	—	—	—	During or after a school activity such as a dance or football game when your parents or other adults you know <u>are not</u> present or can't see you
—	—	—	—	Alone—when no one else is around

So far the questions have asked for the facts about your drinking. In this section you will be asked about your behavior and the behavior of your friends when drinking; and, most importantly, what you and your friends think about drinking.

34. Have any of your friends suggested that you try drinking?

Never     Once or twice     Several times     Often

35. Do you think that your father (or person who served as your father in raising you) ever takes a drink of beer, wine, or liquor?

Yes, fairly regularly

Yes, sometimes

No

I don't know

Does not apply

36. Do you think that your mother (or person who served as your mother in raising you) ever takes a drink of beer, wine, or liquor?

Yes, fairly regularly

Yes, sometimes

No

I don't know

Does not apply.

37. How do you think your parents (or your family) feel about boys your age drinking?

Strongly approve

Approve

Don't care one way or the other

Disapprove

Strongly disapprove

I don't know

38. How do you think your parents (or your family) feel about girls your age drinking?

Strongly approve

Approve

Don't care one way or the other

Disapprove

Strongly disapprove

I don't know.

39. During the past year, how many times have each of the following happened to you? *Mark X on one blank line in each row.*

<u>None</u>	<u>Once</u>	<u>2-3 times</u>	<u>4-5 times</u>	<u>6-9 times</u>	<u>10 or more times</u>	
___	___	___	___	___	___	You've gotten into trouble with your teachers or principal because of your drinking.
___	___	___	___	___	___	You've gotten into difficulties of any kind with your friends because of your drinking.
___	___	___	___	___	___	You've driven when you've had a good bit to drink.
___	___	___	___	___	___	You've been criticized by someone you were dating because of your drinking.
___	___	___	___	___	___	You've gotten into trouble with the police because of your drinking.
___	___	___	___	___	___	You've gotten into trouble with your family because of your drinking.

40. During the past year, about how many times have you drunk just enough to feel a little high or light-headed? *Mark X on one blank line.*

- |               |                |                   |                            |
|---------------|----------------|-------------------|----------------------------|
| ___ None      | ___ 4-5 times  | ___ Once a month  | ___ Once a week            |
| ___ 1 time    | ___ 6-10 times | ___ Twice a month | ___ Twice a week           |
| ___ 2-3 times |                |                   | ___ More than twice a week |

41. During the past year, about how many times have you gotten drunk or very, very high?

- |               |                |                   |                            |
|---------------|----------------|-------------------|----------------------------|
| ___ None      | ___ 4-5 times  | ___ Once a month  | ___ Once a week            |
| ___ 1 time    | ___ 6-10 times | ___ Twice a month | ___ Twice a week           |
| ___ 2-3 times |                |                   | ___ More than twice a week |

42. During the past year, how much of a problem has your drinking been to you?

- \_\_\_ I have not had a drink in the past year.
- \_\_\_ I have had a drink in the past year, but drinking has not been a problem.
- \_\_\_ Drinking has been a mild problem for me during the past year.
- \_\_\_ Drinking has been a considerable problem for me during the past year.
- \_\_\_ Drinking has been quite a serious problem for me during the past year.

43. How do most of the kids you hang around with feel about kids your age drinking? *Mark X on one blank line.*

- Strongly approve
- Approve
- Neither approve nor disapprove
- Disapprove
- Strongly disapprove
- I don't know
- Does not apply.

44. Please mark the blank which indicates the answer to the question on the right side. Give one answer for each question. *Mark X on one blank line in each row.*

<u>None</u>	<u>1-2</u>	<u>Several</u>	<u>Most of them</u>	<u>All of them</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As far as you know, about how many of the kids in your school class drink alcohol at least sometimes?

About how many of the kids you hang around with drink alcohol at least sometimes?

45. Can you get alcoholic beverages when you want them?

- No     Sometimes     Usually     Always     I don't ever want them

46. Where do you most often get the alcohol you and your friends drink? *Mark X on one blank line.*

- I don't ever get it
- From my home
- A friend gives it to me
- A friend or someone else buys it for me
- I buy it myself
- Other, *Please explain* \_\_\_\_\_

47. Does your school have films, discussion groups or other programs to teach students about alcohol and drinking? *Mark X on one blank line.*

- Yes     No

48. The following list includes some of the reasons people have given for why they do not drink.

If you do drink, we would like to know how important each reason would be to you if you were to stop drinking.

If you do not drink, we would like to know how important each reason for not drinking is to you.

Mark X on one blank line in each row.

<u>Not impor- tant at all</u>	<u>Not too important</u>	<u>Pretty important</u>	<u>Very important</u>	
___	___	___	___	It just tastes bad to me.
___	___	___	___	It's against my religion.
___	___	___	___	The kids I hang around with are against it.
___	___	___	___	It's just an artificial way of solving your problem.
___	___	___	___	It can lead to getting involved with the police.
___	___	___	___	I don't want to lose my self-control.
___	___	___	___	Drinking often makes you sick to your stomach.

49. The following list includes some of the reasons people have given for why they do drink.

If you do drink, we would like to know all the reasons that are involved in your own drinking and how important each of these reasons is to you.

If you do not drink, we would like to know how important each reason would be if you were to start drinking.

For each reason listed below, mark the blank that best tells how important that reason is to you. *Mark an X on one blank line in each row.*

<u>Not impor- tant at all</u>	<u>Not too important</u>	<u>Pretty important</u>	<u>Very important</u>	
___	___	___	___	Just to have a good time.
___	___	___	___	Because people think you've been around if you drink.
___	___	___	___	When there are too many pressures on me.
___	___	___	___	Makes things like doing well in school seem less important to me.
___	___	___	___	Because it's part of becoming an adult.
___	___	___	___	So I won't be different from the rest of the kids.
___	___	___	___	Helps to get my mind off my problems.
___	___	___	___	It's a good way to celebrate.
___	___	___	___	It's one way of being part of the group.



50. a. When did you most recently use alcohol? *Mark X on one blank line.*

- Within the last week
- Within the last month
- Within the last 2 months
- Within the last 6 months
- More than 6 months ago but within the last year
- More than a year ago
- I have never used alcohol

b. If you have not had a drink within the past 6 months, what was your main reason for not drinking?

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---

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c. Do you think you will use alcohol sometime in the future?

- Definitely will
- Probably will
- Not sure
- Probably will not
- Definitely will not

IN QUESTIONS 51 THROUGH 55, WE ARE INTERESTED IN LEARNING SOMETHING ABOUT HOW YOU FEEL ABOUT THINGS AND WHAT YOU CONSIDER TO BE IMPORTANT. THERE ARE NO RIGHT OR WRONG ANSWERS. JUST PUT AN X ON THE BLANK LINE WHICH BEST EXPRESSES YOUR OPINION.

51. How strongly would you like to get married someday?

- Already married
- Would like it very much
- Would like it
- Would neither like nor dislike it
- Would dislike it
- Would dislike it very much

52. How strongly would you like to be successful at a job or a career that you choose?

- Would like it very much
- Would like it
- Would neither like nor dislike it
- Would dislike it
- Would dislike it very much

53. How strongly would you like to have children someday?

- Already have children
- Would like to have a small family (1 or 2 children)
- Would like to have a larger family (3 or more children)
- Not sure how I feel right now about having children
- Would like to adopt children rather than having my own
- Would not particularly like to have any children
- Very definitely do not want to have any children

54. Listed below are questions or expectations—that is, how sure are you that each thing will happen or will not happen to you? Think about what you expect now, at this point in your life. Then mark the blank for each statement to show how strongly you feel this will or will not happen. *Mark one blank with an X for each row.*

<u>Sure won't happen</u>	<u>Probably won't happen</u>	<u>Even chance will happen</u>	<u>Probably will happen</u>	<u>Sure will happen</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Be considered a bright student by your teachers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Be able to answer other students' questions about school work
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Be thought of as a good student by the other students
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Come out near the top of the class on exams
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have good enough grades to go on to college if you want to

55. In this part of the questionnaire we're interested in knowing how often you have done different things. As you answer the following questions, think back over the past year or so. Remember, your answers are absolutely confidential. Try to be as honest and truthful in your answers as possible. Mark an X on one blank line in each row.

During the past year or so, how often have you:

<u>Never</u>	<u>Once or twice</u>	<u>Several times</u>	<u>Very often</u>	
—	—	—	—	Smoked cigarettes without your parent's permission?
—	—	—	—	Taken little things that didn't belong to you?
—	—	—	—	Gone to a movie the night before a test?
—	—	—	—	Caused a disturbance in a movie theater even after having been asked to stop?
—	—	—	—	Skipped school without a legitimate excuse?
—	—	—	—	Broken into a place that is locked just to look around?
—	—	—	—	Damaged public or private property that did not belong to you just for fun?
—	—	—	—	Lied to your parents about where you have been or whom you were with?
—	—	—	—	Beaten up another kid without much reason?
—	—	—	—	Stayed out all night without your parents' permission?
—	—	—	—	Taken something of value from a store without paying for it?
—	—	—	—	Damaged school property on purpose—like library books, or musical instruments, or gym equipment?
—	—	—	—	Deliberately ruined something your parents valued after having an argument with them?

THE QUESTIONS IN THIS SECTION ASK ABOUT YOUR EXPERIENCE WITH VARIOUS DRUGS.

PLEASE TRY TO ANSWER ALL QUESTIONS AS TRUTHFULLY AS POSSIBLE. REMEMBER THAT WE ARE NOT REPORTING THE RESULTS OF THE SURVEY AS REPORTS OF INDIVIDUALS OR EVEN OF INDIVIDUAL SCHOOLS. YOUR QUESTIONNAIRE WILL NOT BE AVAILABLE TO ANYONE BUT THE STAFF AT THE RESEARCH TRIANGLE INSTITUTE. YOUR NAME WILL NEVER BE ASSOCIATED WITH THE ANSWERS YOU GIVE.

First we will ask some questions about cigarettes. Please X one blank or fill in the correct number for each question.

56. How old were you when you first tried cigarettes?

\_\_\_ Years old (about)

\_\_\_ Never tried

57. About how many cigarettes or packs of cigarettes have you smoked altogether during the last month (30 days)?

\_\_\_ Less than one pack of cigarettes during the last month

\_\_\_ Packs (about) during last month

\_\_\_ None in the last month

Now we want to ask you about marihuana and hashish. Some other names for them are grass, hash, weed, hemp, joints, pot, reefers. Please X one blank or fill in the correct number for each question.

58. About how old were you when you first had the chance to try marihuana or hashish (whether you tried it or not)?

- Years old (about)
- Never had a chance

59. How old were you when you first tried marihuana or hashish?

- Years old (about)
- Never tried

60. If you had the chance to try marihuana or hashish, would you like to do so?

- Yes
- Not sure
- Already tried marihuana or hashish
- No

61. When was the most recent time you used marihuana or hashish?

- Within the last week
- Within the last month
- Within the last 2 months
- Within the last 6 months
- More than 6 months but less than a year ago
- More than a year ago
- I have never used marihuana or hashish

62. Altogether, since you first started, about how many times have you ever used marihuana or hashish?

- Once
- Twice
- 3-9 times
- 10-19 times
- 20-39 times
- 40-59 times
- 60-99 times
- 100-499 times
- 500-999 times
- 1,000 or more times
- I have never used marihuana or hashish

63. During the last six months, about how often on the average did you use marihuana or hashish?

- Every day
- Four or five times a week
- Two or three times a week
- Once a week
- Two or three times a month
- About once a month
- Less than once a month
- 3-5 times in the last 6 months
- Once or twice in the last 6 months
- Have not used marihuana or hashish in the last 6 months
- I have never used marihuana or hashish

64. During the past month (30 days), on about how many different days did you use marihuana or hashish?

- One day
- 2 days
- 3-6 days
- 7-10 days
- 11-15 days
- 16-20 days
- 21-25 days
- About daily
- I didn't use marihuana or hashish during the past month
- I have never used marihuana or hashish

65. a. Was there a month when you used marihuana or hashish more than you did in the past month (your answer in Q. 64)?

- Yes. How many days did you use marihuana or hashish during the month you used them most?  
 days (about)
- No, last month was the most I've used marihuana or hashish
- I have never used marihuana or hashish

b. Since you first tried marihuana, about how many months altogether would you say you've used marihuana or hashish daily or almost every day?

- Months (about) OR  years (about)
- Never a month when I used marihuana or hashish daily
- I have never used marihuana or hashish

66. a. Have you given up using marihuana or hashish entirely? If so, when did you stop?

- Yes, I stopped within the last six months
- Yes, I stopped between six months and a year ago
- Yes, I stopped between one and two years ago
- Yes, I stopped between two and three years ago
- Yes, I stopped more than three years ago
- I haven't stopped using marihuana or hashish
- I have never used marihuana or hashish

b. If you have stopped using marihuana or hashish, what was the main reason?

- I have never used marihuana or hashish
- I haven't stopped using marihuana or hashish
- I stopped using marihuana or hashish because \_\_\_\_\_  
\_\_\_\_\_

67. When you use marihuana or hashish, about how often do you use alcohol (wine, beer, or hard liquor) at about the same time?

- Nearly every time
- About half the time
- Less than half the time
- Never or almost never use alcohol with marihuana or hashish
- I never use marihuana or hashish

68. When you use marihuana or hashish, about how often do you use some other drug(s) (besides alcohol) at about the same time?

- Nearly every time
- About half the time
- Less than half the time
- Never or almost never use another drug (other than alcohol) with marihuana or hashish
- I never use marihuana or hashish

69. When you use some other drug(s) with marihuana or hashish, what do you usually use?

- Used it with: \_\_\_\_\_
- I never or almost never use marihuana or hashish with another drug (other than alcohol)
- I never use marihuana or hashish

70. Have you ever been high or stoned on marihuana or hashish to the point where you were pretty sure that you had experienced the drug effect?

- I have gotten high once
- I have gotten high more than once
- I have never gotten high on marihuana or hashish
- I have never used marihuana or hashish

71. Do you usually keep a supply of marihuana or hashish so that it's available to you when you want to use it?

- Yes
- No
- I have never used marihuana or hashish

72. Do you usually keep your own equipment such as marihuana papers or a hash pipe?

- Yes
- No

73. Have you found yourself making new friends because the old friends were using too much marihuana or hashish?

- Yes
- No

74. Here is a list of things that happen to people for different reasons. For each we would like you to mark an X by "yes" if you think your use of marihuana or hashish caused it; mark an X by "no" if your use of marihuana or hashish did not cause it.

I never used marihuana or hashish. *If never used, skip to next question.*

- a. Were you absent from school one or more times because you were using marihuana or hashish?  Yes  No
- b. Did your grades in school get worse than they were because of your use of marihuana or hashish?  Yes  No
- c. Did marihuana or hashish use cause you to be stopped by the police or get a traffic citation?  Yes  No
- d. Did your using marihuana or hashish cause some physical or medical problem, no matter how minor or unimportant?  Yes  No
- e. Did you find it hard to concentrate on something you wanted to do because of your use of marihuana or hashish?  Yes  No
- f. Have you had trouble getting along with your parents (at least once) because they didn't want you to use marihuana or hashish?  Yes  No
- g. Did you ever find yourself unable to control your moods when you used marihuana or hashish?  Yes  No
- h. Did you ever have trouble getting along with some of your friends because of your marihuana or hashish use?  Yes  No



The next category of drugs we are interested in is things that people sniff or inhale. These are called inhalants. Some examples of inhalants are: glue, aerosol, gasoline, lighter fluid, nail polish remover, paint thinner, poppers, snappers, and paint. *Please X one blank or fill in the correct number for each question.*

75. About how old were you when you first had the chance to try inhalants (whether you tried them or not)?

- Years old (about)
- I never had a chance to try inhalants

76. How old were you when you first tried inhalants?

- Years old (about)
- I have never tried inhalants

77. If you had the chance to try an inhalant, would you like to do so?

- Yes
- No
- Not sure
- I've already tried it

78. When was the most recent time you used an inhalant?

- Within the last week
- Within the last month
- Within the last two months
- Within the last 6 months
- More than 6 months but less than a year ago
- More than a year ago
- I have never used an inhalant

The next category of drugs we are interested in is heroin, sometimes called smack, horse, junk, or "H". Please X one blank line or fill in the correct number for each question.

79. About how old were you when you first had the chance to try heroin (whether you tried it or not)?

- Years old (about)
- I never had a chance to try it

80. How old were you when you first tried heroin?

- Years old (about)
- I have never tried heroin

81. Would you like to try heroin?

- Yes
- No
- Not sure
- I've already tried it

82. When was the most recent time you used heroin?

- Within the last week
- Within the last month
- Within the last two months
- Within the last 6 months
- More than 6 months but less than a year ago
- More than a year ago
- I have never used heroin

83. Have you ever injected heroin with a needle?

- Yes
- I've used heroin but never injected it with a needle
- I have never used heroin

The next category of drugs we are interested in is cocaine, sometimes called "coke", crystals, or snow. Please X one blank line or fill in the correct number for each question.

84. About how old were you when you first had the chance to try cocaine (whether you tried it or not)?

- Years old (about)
- I never had a chance to try cocaine

85. How old were you when you first tried cocaine?

- Years old (about)
- I have never tried cocaine

86. Would you like to try cocaine?

- Yes
- No
- Not sure
- I have already tried it

87. When was the most recent time you used cocaine?

- Within the last week
- Within the last month
- Within the last two months
- Within the last 6 months
- More than 6 months but less than a year ago
- More than a year ago
- I have never used cocaine

The next category of drugs we are interested in is LSD and other hallucinogens. Some examples of these drugs are: mescaline, peyote, acid, angel dust, hog, magic mushrooms, and peaca pills. Please X one blank line or fill in the correct number for each question.

88. About how old were you when you first had the chance to try a hallucinogen (whether you tried it or not)?

- Years old (about)
- I never had a chance to try a hallucinogen

89. How old were you when you first tried hallucinogens?

- Years old (about)
- I have never tried hallucinogens

90. Would you like to try a hallucinogen?

- Yes
- No
- Not sure
- I've already tried it

91. When was the most recent time you took a hallucinogen?

- Within the last week
- Within the last month
- Within the last two months
- Within the last 6 months
- More than 6 months but less than a year ago
- More than a year ago
- I have never taken a hallucinogen

One category of drugs we are interested in is stimulants, sometimes called uppers. Although doctors sometimes prescribe these for losing weight, some people use them for non-medical reasons—to make them feel more wide-awake, peppy, energetic, alert, or for kicks. Some examples of stimulants are: bennies, bombitas, dexies, diet pills, greenies, pep pills, speed, splash, and whites. Please X one blank line or fill in the correct number for each question.

92. About how old were you when you first had the chance to try a stimulant for non-medical reasons (whether you tried it or not)?

- Years old (about)
- I never had a chance to try a stimulant

93. How old were you when you first tried a stimulant for non-medical reasons?

- Years old (about)
- I have never tried stimulants (for non-medical reasons)

94. Would you like to try a stimulant (for non-medical reasons)?

- Yes
- No
- Not sure
- I have already tried it

95. When was the most recent time you took some kind of a stimulant (for non-medical reasons)?

- Within the last week
- Within the last month
- Within the last two months
- Within the last 6 months
- More than 6 months but less than a year ago
- More than a year ago
- I have never taken a stimulant

96. Have you ever injected a stimulant with a needle?

- Yes
- I have used a stimulant but have never injected it with a needle
- I have never used a stimulant

The next two groups of drugs are sometimes called "downers." The first category of "downers" we are interested in is tranquilizers. Although doctors sometimes prescribe tranquilizers to calm people down or quiet their nerves, or relax their muscles, people also take them on their own to make them feel better. Some examples of tranquilizers are: Valium, Librium, Equanil, and Serax. Please X one blank line or fill in the correct number for each question.

97. About how old were you when you first had the chance to try tranquilizers (for non-medical reasons), whether you tried them or not?
- Years old (about)
  - I never had a chance to try tranquilizers
98. How old were you when you first tried tranquilizers (for non-medical reasons)?
- Years old (about)
  - I have never tried tranquilizers
99. Would you like to try a tranquilizer (for non-medical reasons)?
- Yes
  - No
  - Not sure
  - I have already tried it
100. When was the most recent time you took tranquilizers (for non-medical reasons)?
- Within the last week
  - Within the last month
  - Within the last two months
  - Within the last 6 months
  - More than 6 months but less than a year ago
  - More than a year ago
  - I have never taken tranquilizers

The second category of "downers" we are interested in is barbiturates or sedatives. Doctors sometimes prescribe these to help people relax during the day and to get a better night's sleep. People also use these on their own—to help relax or just to feel good. Some examples of barbiturates are: barbs, blues, cibas, goofballs, quads, rainbows, red devils, soapers, and yellow jackets. Please X one blank line or fill in the correct number for each question.

101. About how old were you when you first had the chance to try barbiturates (for non-medical reasons), whether you tried them or not?

- Years old (about)
- I have never had a chance to try barbiturates

102. How old were you when you first tried barbiturates (for non-medical reasons)?

- Years old (about)
- I have never tried barbiturates (for non-medical reasons)

103. If you had the chance to try a barbiturate (for non-medical reasons), would you like to do so?

- Yes
- No
- Not sure
- I have already tried barbiturates

104. When was the most recent time you took barbiturates (for non-medical reasons)?

- Within the last week
- Within the last month
- Within the last 2 months
- Within the last 6 months
- More than 6 months but less than a year ago
- More than a year ago
- I have never taken barbiturates

Thank you very much. Do you have any comments about this survey or about the use of alcohol (beer, wine, or liquor) by teenagers?

—Comments about this study \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

—Do you think the young people participating in this study answered the questions as truthfully as they could?  
\_\_\_\_\_  
\_\_\_\_\_

—Comments about the use of alcohol (beer, wine, or liquor) by teenagers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## FOLLOW-UP INTERVIEW

- Author: William P. Rohan
- Assessment Areas Covered: Employment, social relationships, alcohol consumption quantity/frequency, posthospital treatment, physical health, legal, client satisfaction, aspects of treatment that helped
- Administration: Self-administered or interviewer-administered, at followup
- Design Features: 27 items--yes/no, completion, multiple choice
- Abstract: This instrument was developed for use in a followup study of posthospital adjustment of patients treated at the Northampton, Massachusetts, Veterans Administration Hospital.
- Related Published Reports: Rohan, W.P. A follow-up study of problem drinkers. Diseases of the Nervous System, 31:259-267, 1970.
- Availability Source: The author states that this instrument may be reproduced.

INTERVIEW: Follow-up

NAME: \_\_\_\_\_

DATE OF INTERVIEW: \_\_\_\_\_

DATE OF DISCHARGE: \_\_\_\_\_

1. How long have you been out of the hospital program? \_\_\_\_\_ mos.
2. Are you presently employed? YES NO
3. Level of work \_\_\_\_\_ Job Title \_\_\_\_\_
  - a. Professional
  - b. Managerial
  - c. Clerical--Sales
  - d. Skilled
  - e. Semi-skilled
  - f. Unskilled
4. Pay per week \_\_\_\_\_.
5. Highest pay per week \_\_\_\_\_.
6. Number of jobs held since discharge \_\_\_\_\_.
7. Longest period at one job since discharge \_\_\_\_\_.
8. Who are you living with? (Circle appropriate answer)
  - a. Parent
  - b. Wife
  - c. Sibling
  - d. Alone
  - e. Relative
  - f. Friend M or F
  - g. Married son or daughter
  - h. Institution
9. AA attendance \_\_\_\_\_ number of visits per month.
10. Have you been admitted to a hospital for a drinking problem since discharge? YES NO
11. Have you been in a hospital for other medical problems (e.g., injury, stomach trouble, etc.) YES NO
12. Have you been in any institution since discharge? YES NO  
Specify place (jail, drying-out house, etc.) \_\_\_\_\_
13. If yes, how long after discharge before going to another institution? \_\_\_\_\_
14. No. of times in other institutions (specify place) \_\_\_\_\_
15. Are you involved in treatment at the present time for an alcohol problem? YES NO

16. If yes, type of treatment \_\_\_\_\_
- |                         |                           |
|-------------------------|---------------------------|
| a. Antabuse             | f. tranquilizer           |
| b. individual therapy   | g. private physician      |
| c. group therapy        | h. day care               |
| d. relaxation therapy   | i. aversion conditioning: |
| e. Alcoholics Anonymous | 1. electroconditioning    |
|                         | 2. covert sensitization   |
17. Have you been arrested since discharge? YES NO
18. Has there been a return to drinking since leaving this hospital? YES NO
19. If yes, how long after discharge before taking the first drink? \_\_\_\_\_ weeks
20. What is your longest period of sobriety since leaving this hospital program? \_\_\_\_\_
21. How often do you drink now? \_\_\_\_\_ number of days per week.
22. How long do you usually drink now if you start drinking? \_\_\_\_\_ no. days
23. When did you have your last drink? \_\_\_\_\_ no. days ago
24. Have you experienced delirium tremens since discharge? YES NO
25. Which treatment seems to have been most beneficial to you? (rank in order from most benefit (1) to least benefit (11))
- |                                      |       |
|--------------------------------------|-------|
| a. association with other alcoholics | _____ |
| b. group therapy                     | _____ |
| c. Alcoholics Anonymous              | _____ |
| d. Antabuse                          | _____ |
| e. the lectures and talks            | _____ |
| f. films                             | _____ |
| g. gripe sessions                    | _____ |
| h. reading                           | _____ |
| i. covert sensitization              | _____ |
| j. electroconditioning               | _____ |
| k. relaxation therapy                | _____ |
26. Do you think your alcohol problem has improved as a result of treatment in the program? YES NO
27. In what way was treatment in the program helpful? (Please use the back of this page for any comments or remarks.)

Information on Type, Amount, Frequency  
and Usual Duration of Alcohol Intake

The chart below will help to understand your present drinking habits. The first selection on the chart refers to liquor (whiskey, gin, etc.). Circle the number of ounces you drink per number of days a week. For example, 16 under "ounces" and 3 under "frequency" would be circled in the first section if you usually drink about 16 ounces 3 days a week. The next section refers to quarts of beer and ale, the next to ounces of wine, and the last to any other alcoholic drink.

Liquor			Beer-Ale			Wine			Other (specify)		
Amount ounces	Frequency per week		Amount ounces	Frequency per week		Amount ounces	Frequency per week		Amount ounces	Frequency per week	
0	1		0	1		0	1		0	1	
2	2		2	2		2	2		2	2	
8	3		4	3		8	3		8	3	
16	4		6	4		16	4		16	4	
32	5		8	5		32	5		32	5	
64	6		16	6		64	6		64	6	
More	7		More	7		More	7		More	7	
Weeks per month	1	2 3	Weeks per month	1	2 3	Weeks per month	1	2 3	Weeks per month	1	2 3

Usual duration  
when drinking  
(no. of days) \_\_\_\_\_

## ALCOHOL TREATMENT PROGRAM (ATP) INTAKE QUESTIONNAIRE

- Author: Marc A. Schuckit
- Assessment Areas Covered: Drinking history, drug use history, alcohol-related problems, demographics, antisocial behavior, psychiatric history, treatment history, family history of psychiatric disorders, diagnosis
- Administration: Self-administered (20 to 30 minutes), voluntary, identifying data, modest amounts of handwriting required, at intake
- Design Features: 144 completion, multiple-choice, and Likert-type items
- Abstract: This intake questionnaire is to be filled out by alcoholics, assuming an approximate 10th-grade education. The purpose is to allow for the assignment of primary and secondary psychiatric diagnoses (e.g., antisocial personality disorder, affective disorder, alcoholism, drug abuse) and to document the course of problems and treatments received.
- Related Published Reports: Schuckit, M.A., and Russell, J.W. An evaluation of alcoholics with histories of violence. Journal of Clinical Psychiatry, 45:3-6, 1984.
- Schuckit, M.A. A study of alcoholics with secondary depression. American Journal of Psychiatry, 140:711-714, 1983.
- Schuckit, M.A. The history of psychotic symptoms in alcoholics. Journal of Clinical Psychiatry, 43:53-57, 1982.
- Availability Source: Marc A. Schuckit, M.D., Department of Psychiatry (116A), Veterans Administration Medical Center, 3350 La Jolla Village Drive, San Diego, California 92161. There is no fee for use.

SAN DIEGO  
VETERANS ADMINISTRATION HOSPITAL  
ALCOHOL TREATMENT PROGRAM

INTAKE QUESTIONNAIRE.

THIS QUESTIONNAIRE TAKES ONLY ABOUT 20 MINUTES. THE INFORMATION YOU GIVE HERE WILL BE CONFIDENTIAL AND WILL BE USED FOR STATISTICAL PURPOSES AND TO HELP THE PEOPLE AT THE TREATMENT PROGRAM DECIDE HOW THEY CAN BEST HELP YOU. WE ENCOURAGE YOU TO GIVE ANY ADDITIONAL INFORMATION THAT YOU FEEL IS RELATED OR IS NECESSARY TO CLARIFY AN ANSWER.

YOUR FULL NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
YOUR SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
YOUR PERMANENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
YOUR TELEPHONE NUMBER: \_\_\_\_\_

TO HELP US EVALUATE HOW TREATMENT AFFECTS YOUR CONDITION AT A FUTURE DATE, WE MAY WANT TO CHECK ANY OFFICIAL POLICE, SOCIAL SECURITY, DRIVING, PUBLIC ASSISTANCE, ETC., RECORDS, AND CONTACT YOU IN UPCOMING YEARS. YOUR CONSENT TO PROVIDE OR NOT PROVIDE FOLLOW-UP INFORMATION WILL NOT AFFECT YOUR ELIGIBILITY FOR TREATMENT.

I HEREBY GIVE PERMISSION FOR DR. SCHUCKIT OR THE SAN DIEGO VETERANS ADMINISTRATION ALCOHOL TREATMENT PROGRAM STAFF TO OBTAIN ANY AND ALL HOSPITAL, POLICE, SOCIAL SECURITY, DRIVING AND PUBLIC ASSISTANCE RECORDS AND ANY OTHER RECORDS THEY FEEL ARE NECESSARY TO HELP EVALUATE MY COURSE OVER THE NEXT 10 YEARS.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
WITNESS: \_\_\_\_\_  
\_\_\_\_\_

DON'T WRITE IN THIS COLUMN

1 1  
K1 K2

Card/Deck Number

K3 K4 K5 K6

Respondent Identification Number

0 1  
K7 K8

Sample Number

0 1  
K9 K10

Study Number

K11 K12 K13 K14 K15 K16

WHAT IS THE DATE TODAY? \_\_\_\_\_ (Date)  
Mo. Day Year

K17 K18 K19 K20

WHAT TIME IS IT NOW? \_\_\_\_\_ (Time)

K21 K22 K23 K24

WHAT IS THE DATE YOU ENTERED THE PRE-BEO PROGRAM OR THE ALCOHOL TREATMENT PROGRAM THIS TIME?

\_\_\_\_\_ (Date)  
Mo. Day

K25 K26 K27 K28

WHAT IS THE DATE OF YOUR LAST DRINK OF AN ALCOHOLIC BEVERAGE?

\_\_\_\_\_ (Date)  
Mo. Day

K29 K30 K31 K32

WHAT TIME OF DAY DID YOU HAVE THE LAST DRINK? \_\_\_\_\_ (Time)

NOW WE HAVE SOME QUESTIONS ABOUT YOUR PRESENT STATUS:

K33

WHAT WAS THE MAJOR PROBLEM RESPONSIBLE FOR YOUR ENTERING THE PROGRAM NOW?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

K34

WHAT WAS THE SECOND MOST IMPORTANT PROBLEM?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

K35

WHAT WAS THE THIRD MOST IMPORTANT PROBLEM?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

K36 K37 K38 K39

HOW LONG HAS THE MOST IMPORTANT PROBLEM BEEN GOING ON?

\_\_\_\_\_ Months \_\_\_\_\_ Days

K40 K41

WHY DID YOU DECIDE TO COME IN TODAY, RATHER THAN A WEEK AGO OR A MONTH FROM NOW?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW DID YOU HEAR ABOUT THE PROGRAM?

K42 K43

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO HELP US UNDERSTAND MORE ABOUT HOW THINGS HAVE BEEN GOING FOR YOU LATELY, PLEASE ANSWER THE FOLLOWING QUESTIONS?

ON THE AVERAGE OVER THE LAST 6 MONTHS:

K44

HOW MANY DAYS A WEEK DID YOU WORK AT LEAST 4 HOURS A DAY?

(0)      None      or      If yes:      Days a Week

K45

WHO WERE YOU USUALLY LIVING WITH? (CHECK ONE ONLY)

- |                                                      |                                                                       |
|------------------------------------------------------|-----------------------------------------------------------------------|
| (0) <u>    </u> Alone                                | (5) <u>    </u> With Spouse or Children & Friends                     |
| (1) <u>    </u> Spouse or Children                   | (6) <u>    </u> With Other Relatives & Friends                        |
| (2) <u>    </u> Other Relatives                      | (7) <u>    </u> With Spouse or Children & Other Relatives and Friends |
| (3) <u>    </u> Friends                              | (8) <u>    </u> Other: Please Explain: _____                          |
| (4) <u>    </u> Spouse or Children & Other Relatives |                                                                       |

K46

WHERE WERE YOU USUALLY LIVING? (CHECK ONLY ONE)

- |                                                    |                                 |
|----------------------------------------------------|---------------------------------|
| (0) <u>    </u> No Special Place                   | (3) <u>    </u> In an Apartment |
| (1) <u>    </u> In a Single Rented Room in a Hotel | (4) <u>    </u> In a Trailer    |
| (2) <u>    </u> In a Rooming House                 | (5) <u>    </u> In a House      |

K47 K48 K49 K50

HOW LONG HAVE YOU BEEN LIVING THERE?

     Years      Months      Days

K51

HOW MANY DAYS A WEEK WOULD YOU READ THE NEWSPAPER?

(0)      None      or      If yes:      Days a Week

K52

HOW MANY TIMES A WEEK WOULD YOU ENGAGE IN AN ATHLETIC EVENT OR GAME (TENNIS, JOGGING, BASEBALL, ETC.)?

(0)      None      or      If yes:      Times a Week

K53

HOW MANY DAYS A WEEK WOULD YOU SPEND TIME WORKING ON A HOBBY?

(0)      None      or      If yes:      Days a Week

K54

HOW MANY TIMES A WEEK WOULD YOU ATTEND A SOCIAL GATHERING (PARTY, CLUB, ETC.)?

(0)      None      or      If yes:      Times a Week

K55

HOW MANY DAYS A WEEK DID YOU USUALLY SEE YOUR SPOUSE (OR MOST RECENT SPOUSE IF YOU ARE DIVORCED)?

( )      Actual Number      or      (9)      Not Applicable; I never married

K56

IF YOU'VE NEVER BEEN MARRIED, DO YOU HAVE A GIRLFRIEND YOU SEE DAILY OR WITH WHOM YOU LIVE?

(0)      No      (1)      Yes

K57 K58 K59 K60

IF YES, HOW LONG HAVE YOU HAD A RELATIVELY STABLE RELATIONSHIP WITH THIS PERSON?

     Months      Days

K61

HOW MANY DAYS A WEEK DID YOU USUALLY SEE ANY OF YOUR CHILDREN?

( )      Actual Number      or      (9)      Not Applicable; I never married

K62 K63 K64

OVER THE LAST 6 MONTHS, HOW MANY DAYS TOTAL HAVE YOU BEEN DRY OR TOTALLY ABSTINENT?

     Days



DON'T WRITE IN THIS COLUMN

$\frac{0}{A1}$   $\frac{1}{A2}$  A1, A2 Card/Deck Number  
A3-6 Respondent Identification Number  
 $\frac{0}{A7}$   $\frac{1}{A8}$  A7, A8 Sample Number  
 $\frac{0}{A9}$   $\frac{1}{A10}$  A9, A10 Study Number

NOW, SOME INFORMATION ON YOUR BACKGROUND:

ATT A12 WHAT IS YOUR AGE? \_\_\_\_\_ (Actual Age)

A13 A14 WHAT IS YOUR USUAL OCCUPATION? PLEASE DESCRIBE AS COMPLETELY AS POSSIBLE WHAT IT IS, WRITE THIS DESCRIPTION BELOW, AND THEN CIRCLE THE CLOSEST CATEGORY.

- 
- (01) \_\_\_ Doctor, Lawyer, Ph.D., Artist, Musician, Clergyman or Other Professional
  - (02) \_\_\_ Teacher, Engineer, Military Officer, Social Worker, Accountant, Etc.
  - (03) \_\_\_ Owner of Large Business, Business Executive, Banker, Etc.
  - (04) \_\_\_ Owner of Small Business, Law Enforcement, Police Officer, Etc.
  - (05) \_\_\_ Bookkeeper, Salesman, Real Estate/Insurance Agent, Other Clerical/Sales, Etc.
  - (06) \_\_\_ Skilled and Semi-Skilled: Carpenter, Mechanic, Electrician, Plumber, Enlisted Military, Etc.
  - (07) \_\_\_ Unskilled: Janitor, Laborer, Truck Driver, Odd-Jobs Man, Farm Hand, Waiter, Bartender, Etc.
  - (08) \_\_\_ Farming/Forestry: Commercial Fisherman, Forest Ranger, Landscape Gardener, Farmer, Etc.
  - (09) \_\_\_ Service: Maid or Butler
  - (10) \_\_\_ Housewife
  - (11) \_\_\_ Other - Explain Specific Job and Degree of Training Required:

\_\_\_\_\_  
\_\_\_\_\_

A15 A16 A17 A18 WHAT IS YOUR DATE OF BIRTH? \_\_\_\_\_

A19 WHAT IS YOUR PRESENT MARITAL STATUS?

- (1) \_\_\_ Single
- (2) \_\_\_ Married
- (3) \_\_\_ Widowed
- (4) \_\_\_ Separated
- (5) \_\_\_ Divorced

HOW MANY TIMES HAVE YOU BEEN MARRIED?

A20

(0) None or Actual Number of Times

HOW MANY SONS DO YOU HAVE WHO ARE AGE 21 OR OVER (COUNT ONLY THOSE WHOM YOU FATHERED OR GAVE BIRTH TO)?

A21

(0) None or Actual Number

HOW MANY DAUGHTERS DO YOU HAVE WHO ARE AGE 21 OR OVER (AGAIN, COUNT ONLY THOSE WHOM YOU FATHERED OR GAVE BIRTH TO)?

A22

(0) None or Actual Number

WHAT IS YOUR PRESENT RELIGION?

A23

- |                             |                         |
|-----------------------------|-------------------------|
| (1) <u>Baptist</u>          | (6) <u>Catholic</u>     |
| (2) <u>Methodist</u>        | (7) <u>Jewish</u>       |
| (3) <u>Lutheran</u>         | (8) <u>Other</u>        |
| (4) <u>Episcopalian</u>     | <u>Which One?</u> _____ |
| (5) <u>Other Protestant</u> | (9) <u>None</u>         |

ARE YOU CURRENTLY PRACTICING YOUR RELIGION?

A24

(0) No (1) Yes

WHAT DO YOU CONSIDER TO BE YOUR ETHNIC ORIGIN?

A25

- |                                     |                                            |
|-------------------------------------|--------------------------------------------|
| (1) <u>Mexican-American/Chicano</u> | (5) <u>American Indian/Native American</u> |
| (2) <u>Puerto Rican</u>             | (6) <u>Oriental</u>                        |
| (3) <u>Other Caucasian/White</u>    | (7) <u>Malayan/Filipino</u>                |
| (4) <u>Negro/Black</u>              | (8) <u>Eskimo</u>                          |

HOW SOME QUESTIONS ABOUT YOUR CHILDHOOD, SCHOOLING, AND WORK HISTORY:

HOW MANY YEARS OF GRADE AND HIGH SCHOOL DID YOU COMPLETE?

A26 A27

( ) Actual Number of Years Completed

Note: "12" Years Means High School Graduate

IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, DID YOU PASS A HIGH SCHOOL EQUIVALENCY TEST?

A28

- (0) No  
(1) Yes  
(8) Not Applicable. I graduated from high school

HOW MANY YEARS OF COLLEGE DID YOU COMPLETE?

A29 A30

( ) Actual Number of Years Completed

DID YOU RECEIVE ANY ACADEMIC HONORS (SCHOLASTIC AWARDS, HONOR ROLL, ETC.) WHEN YOU WERE IN HIGH SCHOOL?

A31

(0) None or Actual Number

DID YOU RECEIVE ANY ATHLETIC HONORS OR LETTERS WHEN YOU WERE IN HIGH SCHOOL?

A32

(0) None or Actual Number

A33 A34 DURING YOUR LAST TWO YEARS WHILE IN FULL-TIME SCHEDULE, ON THE AVERAGE HOW MANY TIMES A SEMESTER WOULD YOU PLAY HOOKY? (Don't Count College)

(0) Never or Actual Number of Times

A35 WERE YOU EVER SUSPENDED OR EXPELLED FROM GRADE SCHOOL OR HIGH SCHOOL?

(0) Never If yes: The Actual Number of Times

A36 WERE YOU EVER SET BACK A FULL GRADE IN SCHOOL?

(0) Never If yes: The Actual Number of Times

WHAT GRADES WERE INVOLVED? \_\_\_\_\_

A37 WHILE IN GRADE 9 AND ABOVE, HOW MANY COURSES, IF ANY, DID YOU FAIL?

(0) None or If yes: The Actual Number of Courses

A38 WHILE IN GRADE 9 AND ABOVE, WHAT WAS YOUR GRADE AVERAGE IN HIGH SCHOOL?

(0) I did not attend high school (3) "C" Satisfactory  
(1) "A" Superior (4) "D" Below Average  
(2) "B" Above Average (5) "F" Failure

A39 BEFORE YOU WERE 16, DID YOU EVER RUN AWAY FROM HOME AT LEAST OVERNIGHT?

(0) Never or If yes: The Actual Number of Times

A40 WERE YOU EVER PLACED IN A REFORM SCHOOL?

(0) Never or If yes: The Actual Number of Times

A41 A42 DID YOUR PARENTS EVER REPEATEDLY SAY THAT YOU WERE UNMANAGEABLE, INCORRIGIBLE, OR THAT THEY WERE UNABLE TO CONTROL YOU?

(00) No or If yes: HOW OLD WERE YOU WHEN YOUR PARENTS FIRST SAID THIS?

A43 HAVE YOU EVER WANDERED FROM PLACE TO PLACE FOR MORE THAN THREE MONTHS WITH NO JOB?

(0) No or If yes: The Actual Number of Times

A44 HAVE YOU EVER USED AN ALIAS (A NAME THAT WASN'T YOUR OWN)?

(0) No or If yes: The Actual Number of Times in All

A45 HAVE YOU EVER HURT ANYONE IN A FIGHT BADLY ENOUGH SO THAT THEY NEEDED TO SEE A DOCTOR?

(0) No or If yes: The Actual Number of Times in All

IF YES, DID YOU EVER DO THIS WHEN INTOXICATED?

A46 (0) No The Actual Number of Times When Intoxicated

A47 EXCEPT IN MILITARY ACTION OR BATTLE, HAVE YOU EVER USED A WEAPON IN A FIGHT LIKE A GUN, A KNIFE, A CLUB OR BOARD, ETC.?"

(0) No If yes: The Actual Number of Times in All

A48 IF YES, DID YOU EVER DO THIS WHEN YOU WERE INTOXICATED?

(0) No The Actual Number of Times When Intoxicated

ABOUT YOUR WORK HISTORY?

HERE IS A LIST OF POSSIBLE AREAS OF FINANCIAL SUPPORT:

- |                                                                  |                                           |
|------------------------------------------------------------------|-------------------------------------------|
| <u>    </u> 1) VETERANS'S COMPENSATION,<br>PENSION OR RETIREMENT | <u>    </u> 6) SAVINGS                    |
| <u>    </u> 2) SOCIAL SECURITY                                   | <u>    </u> 7) FAMILY OR SPOUSE'S SUPPORT |
| <u>    </u> 3) COUNTY AID (ATO, AFDC, GR)                        | <u>    </u> 8) NONE                       |
| <u>    </u> 4) STATE UNEMPLOYMENT INSURANCE                      | <u>    </u> 9) OTHER                      |
| <u>    </u> 5) SALARY FROM YOUR JOB                              | SPECIFY _____                             |

DON'T WRITE IN THIS COLUMN

A49 WHICH WAS YOUR HIGHEST SOURCE OF INCOME OVER THE LAST SIX MONTHS?  
\_\_\_\_\_

A50 WHICH WAS YOUR SECONO-HIGHEST SOURCE OF INCOME OVER THE LAST SIX MONTHS?  
\_\_\_\_\_

A51 WHICH WAS YOUR THIRD-HIGHEST SOURCE OF INCOME OVER THE LAST SIX MONTHS?  
\_\_\_\_\_

A52 A53 A54 A55 WHAT WAS YOUR AVERAGE TOTAL MONTHLY INCOME OVER THE LAST SIX MONTHS?  
\_\_\_\_\_ Average Monthly Income

A56 A57 A58 BEFORE YOU ENTERED THE TREATMENT CENTER THIS TIME, WHAT IS THE LONGEST TIME YOU EVER HELD A SPECIFIC FULL-TIME JOB?  
\_\_\_\_\_ Months

A59 HAVE YOU EVER BEEN FIRED FROM A JOB?  
(0)      No      or      If yes:      The Actual Number of Times  
IF YES, WHY? \_\_\_\_\_  
\_\_\_\_\_

<u>    </u> <u>    </u>	<u>0</u> <u>2</u>	B1, B2	Card/Oeck Number
<u>81</u> <u>82</u>			
<u>83</u> <u>84</u> <u>85</u> <u>86</u>		B3-B6	Respondent Identification Number
<u>    </u> <u>    </u>	<u>0</u> <u>1</u>	B7, B8	Sample Number
<u>87</u> <u>88</u>			
<u>    </u> <u>    </u>	<u>0</u> <u>1</u>	B9, B10	Study Number
<u>89</u> <u>810</u>			

HOW WE WOULD LIKE SOME INFORMATION ABOUT YOUR ALCOHOL-RELATED PROBLEMS:

HOW OLD WERE YOU THE FIRST TIME ANY OF THE FOLLOWING PROBLEMS OCCURRED BECAUSE OF ALCOHOL?

B11 B12 MISSED TIME ON THE JOB BECAUSE OF DRINKING.  
(00)      Never      or      I was      years old

B13 B14 HOW MANY TIMES DID THIS HAPPEN?      Times

B15 B16

WERE DEMOTED BECAUSE OF DRINKING.

(00)      Never   or   I was      years old

B17 B18

HOW MANY TIMES DID THIS HAPPEN?          Number of times

B19 B20

WERE FIRED BECAUSE OF DRINKING.

(00)      Never   or   I was      years old

B21 B22

HOW MANY TIMES DID THIS HAPPEN?          Number of times

B23 B24

HAD AN AUTO ACCIDENT BECAUSE OF DRINKING.

(00)      Never   or   I was      years old

B25 B26

HOW MANY TIMES DID THIS HAPPEN?          Number of times

B27 B28

WERE PICKED UP FOR DRUNK DRIVING.

(00)      Never   or   I was      years old

B29 B30

HOW MANY TIMES DID THIS HAPPEN?          Number of times

B31 B32

WERE ARRESTED FOR PUBLIC INTOXICATION, DRUNK AND DISORDERLY OR ANY OTHER NON-DRIVING ALCOHOL ARREST.

(00)      Never   or   I was      years old

B33 B34

HOW MANY TIMES DID THIS HAPPEN?          Number of times

B35 B36

WERE SEPARATED OR DIVORCED FROM SPOUSE BECAUSE OF YOUR DRINKING PROBLEM.

(00)      Never   or   I was      years old

B37 B38

HOW MANY TIMES DID THIS HAPPEN?          Number of times

B39 B40

HAD TO GO TO THE HOSPITAL BECAUSE OF DRINKING. (Do Not Count Present Time)

(00)      Never   or   I was      years old

B41 B42

HOW MANY TIMES DID THIS HAPPEN?          Number of times

B43 B44

A DOCTOR TOLD YOU ALCOHOL HAD HARMED YOUR HEALTH.

(00)      Never   or   I was      years old

B45 B46

HOW MANY TIMES DID THIS HAPPEN?          Number of times

B47 B48

THE FIRST TIME YOU SERIOUSLY TRIED TO STOP DRINKING.

(00)      Never   or   I was      years old

B49 B50

HOW MANY TIMES DID THIS HAPPEN?          Number of times

DON'T WRITE IN THIS COLUMN

HOW MANY YEARS DO YOU THINK YOU HAD A DRINKING PROBLEM?

851 852

\_\_\_\_\_ Years

WHAT IS THE LONGEST PERIOD OF TIME IN MONTHS HAVE YOU CONSISTENTLY PARTICIPATED IN ALCOHOLICS ANONYMOUS?

853 854

\_\_\_\_\_ Months

WHAT IS THE LONGEST TIME IN MONTHS YOU HAVE EVER STAYED ON THE WAGON (ABSTAINED) AT ONE TIME SINCE YOU BEGAN HAVING PROBLEMS WITH ALCOHOL?

855 856

\_\_\_\_\_ Months

WHAT IS THE LONGEST TIME IN DAYS YOU HAVE BEEN ABLE TO DRINK IN A "CONTROLLED WAY" WITHOUT GETTING DRUNK OR GETTING INTO TROUBLE SINCE YOU FIRST BEGAN HAVING PROBLEMS WITH ALCOHOL?

857 858 859

\_\_\_\_\_ Days

0 3  
C1 C2

C1, C2 Card/Deck Number

C3 C4 C5 C6

C3-C6 Respondent Identification Number

0 1  
C7 C8

C7, C8 Sample Number

0 1  
C9 C10

C9, C10 Study Number

HAVE YOU EVER HAD ANY OF THE FOLLOWING PROBLEMS RELATED TO ALCOHOL?

Please Fill Out All Columns

	No (00)	YES (01)	IF YES, HOW MANY TIMES?	IF YES, HOW OLD WERE YOU 1ST TIME?
<u>C11</u> <u>C12</u> <u>C13</u> <u>C14</u> SHAKES THE "MORNING AFTER"?	_____	_____	_____	_____
<u>C15</u> <u>C16</u> <u>C17</u> <u>C18</u> HALLUCINATIONS (SEEING, HEARING, OR FEELING THINGS THAT WEREN'T THERE)?	_____	_____	_____	_____
<u>C19</u> <u>C20</u> <u>C21</u> <u>C22</u> CONVULSIONS (LOSING CONSCIOUSNESS AND FALLING ONTO THE FLOOR WITH A JERKING MOVEMENT OF YOUR ARMS AND LEGS)?	_____	_____	_____	_____
<u>C23</u> <u>C24</u> <u>C25</u> <u>C26</u> VOMITING BLOOD?	_____	_____	_____	_____
<u>C27</u> <u>C28</u> <u>C29</u> <u>C30</u> BLACKOUTS (CAN'T REMEMBER WHAT YOU DID WHILE YOU WERE DRINKING)?	_____	_____	_____	_____
<u>C31</u> <u>C32</u> <u>C33</u> <u>C34</u> DOCTOR SAID YOU HAD PANCREATITIS?	_____	_____	_____	_____
<u>C35</u> <u>C36</u> <u>C37</u> <u>C38</u> DOCTOR SAID YOU HAD LIVER PROBLEMS?	_____	_____	_____	_____
<u>C39</u> <u>C40</u> <u>C41</u> <u>C42</u> SAW A DOCTOR, PSYCHOLOGIST, SOCIAL WORKER, OR COUNSELOR TO HELP YOU STOP DRINKING?	_____	_____	_____	_____

C43

ARE THERE ANY OTHER PROBLEMS YOU'VE HAD WITH ALCOHOL THAT WE HAVEN'T ASKED ABOUT?

\_\_\_\_\_ No

\_\_\_\_\_ Yes

C44

IF YES, PLEASE EXPLAIN.

WITHIN THE LAST MONTH, DID ALCOHOL CAUSE A PROBLEM FOR YOU WITH:

C45

YOUR SPOUSE? (0) \_\_\_ No (1) \_\_\_ Yes  
(9) \_\_\_ Not applicable; I'm not married

C46

YOUR CHILDREN? (0) \_\_\_ No (1) \_\_\_ Yes  
(9) \_\_\_ Not applicable; I'm not married

C47

YOUR JOB? (0) \_\_\_ No (1) \_\_\_ Yes  
(9) \_\_\_ Not applicable; I have no job

C48

YOUR HEALTH? (0) \_\_\_ No (1) \_\_\_ Yes

C49

THE POLICE? (0) \_\_\_ No (1) \_\_\_ Yes

C50

ANY OTHER PROBLEMS?  
(0) \_\_\_ No (1) \_\_\_ Yes

C51

PLEASE EXPLAIN WHAT THOSE PROBLEMS ARE:

\_\_\_\_\_  
\_\_\_\_\_

C52 C53

OVER THE LAST 6 MONTHS, HOW MANY DAYS IN THE AVERAGE MONTH WOULD YOU TAKE A DRINK?

\_\_\_\_\_ Days

C54 C55

OVER THE LAST 6 MONTHS, IN THE AVERAGE 24-HOUR PERIOD YOU WERE DRINKING, HOW MANY DRINKS WOULD YOU HAVE?

\_\_\_\_\_ Drinks NOTE: 1 Single Mixed Drink = 1 Drink  
1 12 oz. Beer = 1 Drink

For Whiskey:

1 Shot = 1 Drink  
a Pint = 10 Drinks  
a Fifth = 16 Drinks

For Wine:

1 4 oz. wine = 1 Drink  
a Pint = 3 Drinks  
a Fifth = 6 Drinks  
a half-gallon = 15 Drinks

C56 C57

OVER THE LAST 6 MONTHS, WHAT IS THE MOST NUMBER OF DRINKS YOU HAVE HAD IN 24 HOURS?

\_\_\_\_\_ Drinks

C58

WHAT TYPE OF ALCOHOL DO YOU PREFER? (CHECK ONLY ONE)

- (1) \_\_\_ Beer
- (2) \_\_\_ Wine
- (3) \_\_\_ Bourbon
- (4) \_\_\_ Scotch
- (5) \_\_\_ Tequila
- (6) \_\_\_ Vodka
- (7) \_\_\_ Gin
- (8) \_\_\_ Rum
- (9) \_\_\_ Other. Be Specific: \_\_\_\_\_

DON'T WRITE IN THIS COLUMN

C59 C60 HOW OLD WERE YOU THE FIRST TIME YOU RECEIVED EMERGENCY ROOM CARE OR OTHER OUTPATIENT CARE FOR A PROBLEM RELATED TO YOUR DRINKING?

(00) \_\_\_ Never or \_\_\_ Years Old

C61 C62 HOW OLD WERE YOU THE FIRST TIME YOU WERE HOSPITALIZED FOR DIRECT TREATMENT OF YOUR DRINKING PROBLEM?

(00) \_\_\_ Never or \_\_\_ Years Old

C63 C64 HOW MANY TIMES IN ALL HAVE YOU BEEN AN INPATIENT BECAUSE OF YOUR DRINKING PROBLEM?

(00) \_\_\_ Never or \_\_\_ Number of Times

C65 C66 HOW LONG AGO, IN MONTHS, WAS THE LAST TIME YOU WERE DISCHARGED FROM AN INPATIENT ALCOHOLISM TREATMENT PROGRAM?

(00) \_\_\_ Never or \_\_\_ Number of Months

C67 WERE YOU EVER TREATED AT THE LA JOLLA V.A. ALCOHOL TREATMENT PROGRAM BEFORE?  
(0) \_\_\_ No ( ) \_\_\_ Yes IF YES, HOW MANY TIMES IN ALL? \_\_\_ Times

HOW MANY TIMES IN THE LAST 6 MONTHS HAVE YOU BEEN ARRESTED FOR:  
DRUNK DRIVING (EVEN IF THE CHARGE WAS REDUCED OR DROPPED)?

C68 C69 (00) \_\_\_ None or If yes: \_\_\_ Number of Times

DRUNKENNESS?

C70 C71 (00) \_\_\_ None or If yes: \_\_\_ Number of Times

C72 C73 C74 IN THE LAST 6 MONTHS, HOW MANY NIGHTS, IF ANY, DID YOU SPEND IN THE HOSPITAL?  
\_\_\_ Nights

0 4 D1, D2 Card/Deck Number

D3-6 Respondent Identification Number

D3 D4 0 1 D5 D6 D7 D8 Sample Number

0 1 D9 D10 Study Number

HOW SOME QUESTIONS ABOUT YOUR USE OF DRUGS:

HOW MANY TIMES IN YOUR LIFE DO YOU ESTIMATE THAT YOU HAVE TAKEN THE FOLLOWING SUBSTANCES?

D11 D12 D13 MARIJUANA (INCLUDING HASHISH AND THC)?  
(00) \_\_\_ Never or \_\_\_ Times

D14 D15 HALLUCINOGENS (LSD, Mescaline, PEYOTE, MDA, DMT, TCP, STP PSILOCYBIN, ETC.)?  
(00) \_\_\_ Never or \_\_\_ Times

D16 D17 BARBITURATES AND DOWNERS THAT WEREN'T PRESCRIBED FOR YOUR USE?  
(00) \_\_\_ Never or \_\_\_ Times

D18 D19 ORAL AMPHETAMINES, RITALIN, INTRAVENOUS METHEDRINE ("SPEED"), DEXOXYN, DIET PILLS, AND OTHER AMPHETAMINES THAT WEREN'T PRESCRIBED FOR YOUR USE?  
(00) \_\_\_ Never or \_\_\_ Times

D20 D21 OPIATES (HEROIN, PAREGORIC, ETC.)?  
(00) \_\_\_ Never or \_\_\_ Times



SOLVENTS (GLUE, AEROSOLS, TOLUENE, GASOLINE, PAINT, ETC.)?

022 023

(00) \_\_\_ Never or \_\_\_ Times

MORNING GLORY SEEDS, NUTMEG, OR OTHER EXOTIC SUBSTANCES?

024 025

(00) \_\_\_ Never or \_\_\_ Times

COCAINE?

026 027

(00) \_\_\_ Never or \_\_\_ Times

ARE THERE ANY OTHERS? IF YES, WHICH ONES? \_\_\_\_\_

HAVE YOU EVER HAD ANY OF THE FOLLOWING PROBLEMS BECAUSE OF DRUG USE?

028

\_\_\_ No \_\_\_ Yes

If yes - check all problems you have had: \_\_\_ MARITAL SEPARATION OR DIVORCE BECAUSE OF YOUR DRUG USE?

\_\_\_ LAID OFF FROM WORK OR FIRED BECAUSE OF YOUR DRUG USE?

\_\_\_ TWO OR MORE ARRESTS BECAUSE OF YOUR USE OF DRUGS OTHER THAN MARIJUANA?

\_\_\_ A DOCTOR HAS SAID THAT DRUGS HAVE HARMED YOUR HEALTH?

\_\_\_ USED DRUGS INTRAVENOUSLY?

HAVE YOU HAD ANY OTHER DRUG PROBLEM? IF SO, WHAT? \_\_\_\_\_

029

IF YES, WHAT DRUGS WERE YOU TAKING FOR ANY OF THESE PROBLEMS? (Check all that were associated with the problem)

030 031 032 033

034 035 036

- (1) \_\_\_ Marijuana (including Hashish & THC)
- (2) \_\_\_ Hallucinogens (LSD, Mescaline, Peyote, MDA, IMT, TCP, STP, Psilocybin, Etc.)
- (3) \_\_\_ Barbiturates and Downers that Weren't Prescribed for Your Use
- (4) \_\_\_ Oral Amphetamines, Ritalin, Intravenous Methedrine ("Speed"), Dexoxyn, Diet Pills, and Other Amphetamines that Weren't Prescribed for your Use
- (5) \_\_\_ Opiates (Heroin, Paregoric, Etc.)
- (6) \_\_\_ Solvents (Glue, Aerosols, Toluene, Amyl Nitrite, Etc.)
- (7) \_\_\_ Morning Glory Seeds, Nutmeg, or Other Exotic Substances
- (8) \_\_\_ Cocaine

HOW OLD WERE YOU THE FIRST TIME YOU HAD ANY OF THOSE DRUG RELATED PROBLEMS?

037 038

\_\_\_ Years Old

NOW SOME QUESTIONS ABOUT ANY EMOTIONAL OR PSYCHIATRIC PROBLEMS YOU MAY HAVE HAD:

039 040

BEFORE ENTERING THE TREATMENT PROGRAM THIS TIME, WERE YOU EVER TREATED BY A MENTAL HEALTH WORKER SUCH AS A PSYCHIATRIST, PSYCHOLOGIST, SOCIAL WORKER? DO NOT COUNT TIMES YOU WERE IN THE HOSPITAL OR THE MAJOR PROBLEM WAS ALCOHOL OR DRUGS. (CHECK ALL THAT APPLY)

- (0) \_\_\_ No, Never Treated
- (1) \_\_\_ Yes, Psychiatrist
- (1) \_\_\_ Yes, Psychologist
- (1) \_\_\_ Yes, Social Worker
- (2) \_\_\_ Yes, Other

Please Specify: \_\_\_\_\_

IF YES, WHY DID YOU SEE THEM? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DON'T WRITE IN THIS COLUMN

D41 D42

HOW MANY SESSIONS HAVE YOU HAD WITH ALL MENTAL HEALTH WORKERS ALTOGETHER? DO NOT COUNT TIMES WHEN YOU WERE IN THE HOSPITAL.

\_\_\_\_ Total Number of Sessions When Not in Hospital

D43 D44

HOW OLD WERE YOU THE FIRST TIME YOU SAW A MENTAL HEALTH WORKER?

\_\_\_\_ Years of Age

D45

WERE YOU EVER A PATIENT IN A PSYCHIATRIC HOSPITAL OR IN A GENERAL HOSPITAL FOR TREATMENT OF A MENTAL PROBLEM? DON'T COUNT TIMES WHERE THE MAJOR PROBLEM WAS ALCOHOL OR DRUGS.

(0) \_\_\_\_ Never or \_\_\_\_ Actual Number of Times

D46 D47

IF YES, HOW OLD WERE YOU THE FIRST TIME YOU WERE HOSPITALIZED?

\_\_\_\_ Years Old

D48 D49

HOW OLD WERE YOU THE MOST RECENT TIME YOU WERE HOSPITALIZED?

\_\_\_\_ Years Old

D50 D51

WHAT DIAGNOSES HAVE YOU RECEIVED? \_\_\_\_\_

D52 D53

D54

WERE YOU EVER DEPRESSED, SAD, BLUE, DESPONDENT, HOPELESS, "DOWN IN THE DUMPS", IRRITABLE, FEARFUL, WORRIED, OR DISCOURAGED CONSTANTLY FOR TWO WEEKS OR LONGER? DON'T COUNT TIMES WHEN YOU WERE DRINKING HEAVILY OR USING DRUGS EXCESSIVELY, EITHER PRESCRIBED OR ILLEGAL. BE CERTAIN YOU WERE DEPRESSED ALL DAY, EVERY DAY FOR TWO WEEKS.

(0) \_\_\_\_ No (1) \_\_\_\_ Yes

D55 D56

IF YES, HOW OLD WERE YOU THE FIRST TIME YOU HAD A DEPRESSION LIKE THIS?

\_\_\_\_ Years Old

D57

DID THIS PERIOD OF DEPRESSION SERIOUSLY INTERFERE WITH OR CAUSE A MAJOR DISRUPTION IN YOUR LIFE?

(0) \_\_\_\_ No (1) \_\_\_\_ Yes

D58

IF YES, WHAT WAS THE SPECIFIC PROBLEM THAT RESULTED FROM THE DEPRESSION (i.e., failed a course, had to drop out of school, was fired from a job, because of the depression)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D59 D60

DID YOU EVER ATTEMPT SUICIDE?

(00) \_\_\_\_ No or If yes: \_\_\_\_ Actual Number of Times

D61 D62

IF YES, HOW OLD WERE YOU THE FIRST TIME?

\_\_\_\_ Years Old

D63 D64

HOW MANY OF THESE SUICIDE ATTEMPTS OCCURRED WHEN YOU WERE DRINKING?

\_\_\_\_ Number of Attempts When Drinking

DON'T WRITE IN THIS COLUMN

D65 D66

HOW MANY OCCURRED WHEN YOU HAD NOT BEEN EVEN SLIGHTLY INTOXICATED FOR 7 DAYS OR MORE?

\_\_\_ Number of Attempts When Not Drinking

D67 D68

DID YOU HARM YOURSELF IN ANY ATTEMPT TO THE EXTENT THAT YOU NEEDED MEDICAL CARE?

(0) \_\_\_ No or If yes: \_\_\_ Actual Number of Times

IF YES, HOW OLD WERE YOU THE FIRST TIME?

D69 D70

\_\_\_ Years Old

D71

DID YOU EVER FEEL AS IF YOUR MIND WAS BEING MANIPULATED OR ACTUALLY CONTROLLED BY SOME UNUSUAL OR MYSTERIOUS FORCE?

- (0) \_\_\_ No
  - (1) \_\_\_ Yes, But Only When Drunk or Abusing Drugs
  - (2) \_\_\_ Yes, Occurred When Not Drinking or Abusing Drugs
- Please Describe: \_\_\_\_\_
- \_\_\_\_\_

D72 D73

IF YOU WERE NOT USING ALCOHOL OR DRUGS, HOW OLD WERE YOU THE FIRST TIME THIS HAPPENED?

\_\_\_ Years Old

D74

HAVE YOU EVER FELT INFLUENCED IN UNUSUAL WAYS, SUCH AS BY MACHINES, HYPNOSIS, RADAR WAVES, RADIO, TELEVISION OR NEWSPAPERS?

- (0) \_\_\_ No
  - (1) \_\_\_ Yes, But Only When Drunk or Abusing Drugs
  - (2) \_\_\_ Yes, Occurred When Not Drinking or Abusing Drugs
- Please Describe: \_\_\_\_\_
- \_\_\_\_\_

D75 D76

IF YOU WERE NOT USING ALCOHOL OR DRUGS, HOW OLD WERE YOU THE FIRST TIME THIS HAPPENED?

\_\_\_ Years Old

0 5  
E1 E2

E1, E2 Card/Deck Number

E3 E4 E5 E6

E3-E6 Respondent Identification Number

0 1  
E7 E8

E7, E8 Sample Number

0 1  
E9 E10

E9, E10 Study Number

WE ALSO NEED TO FIND OUT ABOUT ANY POLICE PROBLEMS YOU MAY HAVE HAD:

E11

HOW MANY MOVING TRAFFIC VIOLATIONS HAVE YOU HAD DURING THE PAST THREE YEARS?

(0) \_\_\_ None or If yes: \_\_\_ Actual Number of Violations

DON'T WRITE IN THIS COLUMN

ET2 HOW MANY MOVING TRAFFIC VIOLATIONS HAVE YOU HAD DURING THE LAST 6 MONTHS?  
(0) \_\_\_ None or If yes: \_\_\_ Actual Number of Violations

ET3 DO YOU HAVE A POLICE OR ARREST RECORD FOR OFFENSES COMMITTED PRIOR TO AGE 16?  
(COUNT EVEN THOSE ITEMS WHICH WERE SUBSEQUENTLY ERASED).  
(0) \_\_\_ None or If yes: \_\_\_ Actual Number

ET4 DO YOU HAVE A POLICE OR ARREST RECORD FOR ANY MISDEMEANOR (OTHER THAN A TRAFFIC  
TICKET) SINCE AGE 16?  
(0) \_\_\_ No or If yes: \_\_\_ Actual Number

ET5 DO YOU HAVE AN ADULT POLICE OR ARREST RECORD FOR ANY FELONY COMMITTED SINCE AGE 16?  
(0) \_\_\_ No or If yes: \_\_\_ Actual Number

ET6 ET7 IN THE LAST 6 MONTHS, HAVE YOU BEEN ARRESTED FOR A CRIMINAL OFFENSE? DON'T COUNT  
DRIVING WHILE INTOXICATED OR DRUNKENNESS ARRESTS.  
(0) \_\_\_ No or If yes, how many times? \_\_\_\_\_

ET8 HAVE YOU EVER SPENT THE NIGHT IN JAIL?  
(0) \_\_\_ No (1) \_\_\_ Yes

ET9 E20 E21 IF YES, WHAT IS THE LONGEST TIME YOU HAVE EVER BEEN IN JAIL AT ONE STRETCH?  
\_\_\_\_\_ Actual Number of Days

E22 E23 E24 HOW MANY NIGHTS HAVE YOU SPENT IN JAIL IN THE LAST 6 MONTHS?  
\_\_\_\_\_ Nights

E25 ARE YOU PRESENTLY ON POLICE PROBATION OR AWAITING A POLICE HEARING OR TRIAL?  
(0) \_\_\_ No (1) \_\_\_ Yes

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOW WE HAVE SOME QUESTIONS ABOUT YOUR PHYSICAL HEALTH:

E26 HOW HAS YOUR HEALTH BEEN MOST OF YOUR LIFE?

- (1)  Generally Bad
- (2)  Generally Fair
- (3)  Generally Good

E27 WHAT IS THE TOTAL NUMBER OF OPERATIONS YOU HAVE HAD DURING YOUR LIFE?

- (0)  None or If yes:  Number of Operations

E28 DO YOU HAVE ANY PRESENT MEDICAL PROBLEMS FOR WHICH YOU ARE TAKING MEDICATION?

- (0)  No
- (1)  Yes

IF YES, PLEASE EXPLAIN THE MEDICAL PROBLEM AND THE MEDICATION AND DOSAGE.

E29 E30 E31 E32

E33 E34 E35 E36

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E37 ARE YOU ALLERGIC TO ANY MEDICATION?

- (0)  No
- (1)  Yes

IF YES, WHICH MEDICATIONS ARE YOU ALLERGIC TO?

E38

---

E39 HAVE YOU EVER HAD A REACTION TO A BLOOD TRANSFUSION?

- (0)  No, I never Had a Transfusion
- (1)  No, I Had a Transfusion, But Never Had a Reaction
- (2)  Yes, I Have Had a Transfusion Reaction

IF YES, PLEASE DESCRIBE THE REACTION:

---

NOW WE HAVE SOME QUESTIONS ABOUT YOUR FAMILY BACKGROUND:

UNTIL YOUR 18TH BIRTHDAY, HOW MANY YEARS WERE YOU RAISED BY YOUR

E40 E41

REAL (BIOLOGIC) FATHER? ( )  Years

E42 E43

REAL (BIOLOGIC) MOTHER? ( )  Years

E44 E45

FOSTER FATHER, STEPFATHER OR ADOPTIVE FATHER, OR ANY OTHER? ( )  Years

E46 E47

FOSTER MOTHER, STEPMOTHER OR ADOPTIVE MOTHER, OR ANY OTHER? ( )  Years

DON'T WRITE IN THIS COLUMN

E48

WERE YOU LEGALLY ADOPTED?

(0)      No                      (1)      Yes

E49 E50

HOW MANY FULL SISTERS DO YOU HAVE WHO LIVED TO THEIR 21ST BIRTHDAY?

(00)      None                      or                           Actual Number of Sisters

E51 E52

HOW MANY HALF-SISTERS DO YOU HAVE WHO LIVED TO THEIR 21ST BIRTHDAY? (A HALF-SISTER OR HALF-BROTHER HAS ONLY ONE PARENT THAT IS THE SAME AS YOUR OWN)

(00)      None                      or                           Actual Number of Half-Sisters

F1 F2                      F3 F4 F5 F6  
F7 F8                      F9 F10

F1, F2                      Card/Deck Number  
 F3-F6                      Respondent Identification Number  
 F7, F8                      Sample Number  
 F9, F10                      Study Number

NOW WE HAVE SOME QUESTIONS ABOUT YOUR CLOSE RELATIVES---YOUR REAL PARENTS, FULL BROTHERS AND SISTERS AND YOUR NATURAL CHILDREN. IN ANSWERING THESE QUESTIONS ABOUT YOUR RELATIVES, DO NOT COUNT FOSTER OR ADOPTIVE PARENTS, HALF-BROTHERS AND SISTERS, ADOPTED CHILDREN, OR OTHER RELATIVES:

F11

HAVE ANY OF YOUR CLOSE RELATIVES EVER BEEN DEPRESSED FOR TWO WEEKS OR MORE SO THAT THEY COULDN'T CARRY ON THEIR USUAL ACTIVITIES? DON'T COUNT TIMES WHEN THEY WERE DRINKING HEAVILY OR USING EITHER PRESCRIBED OR ILLEGAL DRUGS EXCESSIVELY.

(0)      No                      (1)      Yes

IF YES, FILL OUT THE ANSWERS FOR EACH OF YOUR RELATIVES WHO HAVE BEEN DEPRESSED FOR TWO WEEKS OR MORE.

					<u>DEPRESSED</u>		<u>HOW OLD THE FIRST TIME</u>	<u>HOW OLD NOW</u>
					NO (0)	YES (1)		
<u>F12</u>	<u>F13</u>	<u>F14</u>	<u>F15</u>	<u>F16</u>	FATHER	_____	_____	_____
<u>F17</u>	<u>F18</u>	<u>F19</u>	<u>F20</u>	<u>F21</u>	MOTHER	_____	_____	_____
<u>F22</u>	<u>F23</u>	<u>F24</u>	<u>F25</u>	<u>F26</u>	ANY BROTHER	_____	_____	_____
<u>F27</u>	<u>F28</u>	<u>F29</u>	<u>F30</u>	<u>F31</u>	ANY SISTER	_____	_____	_____
<u>F32</u>	<u>F33</u>	<u>F34</u>	<u>F35</u>	<u>F36</u>	ANY SON	_____	_____	_____
<u>F37</u>	<u>F38</u>	<u>F39</u>	<u>F40</u>	<u>F41</u>	ANY DAUGHTER	_____	_____	_____

NOTE: IF MORE THAN ONE BROTHER, SISTER OR CHILD WAS ILL, PLEASE GIVE INFORMATION ON EACH.

DON'T WRITE IN THIS COLUMN

	$\frac{0}{G1}$	$\frac{7}{G2}$	G1, G2	Card/Deck Number
			C3-G6	Respondent Identification Number
<del>G3</del>	<del>G4</del>	<del>G5</del>	<del>G6</del>	
	$\frac{0}{G7}$	$\frac{1}{G8}$	G7, G8	Sample Number
	$\frac{0}{G9}$	$\frac{1}{G10}$	G9, G10	Study Number

G11 HAVE ANY OF YOUR CLOSE RELATIVES EVER SEEN A PSYCHIATRIST, PSYCHOLOGIST, OR OTHER MENTAL HEALTH WORKER FOR TREATMENT OF A NERVOUS OR EMOTIONAL PROBLEM? DON'T COUNT FAMILY COUNSELING SESSIONS.

(0) \_\_\_ No                      (1) \_\_\_ Yes

IF YES, FILL OUT THE ANSWERS FOR EACH OF YOUR RELATIVES WHO HAVE SEEN A PSYCHIATRIST, PSYCHOLOGIST, OR OTHER MENTAL HEALTH WORKER FOR TREATMENT OF A NERVOUS OR EMOTIONAL PROBLEM.

						No (0)	Yes (1)	HOW OLD THE FIRST TIME	HOW OLD NOW	WHAT WERE THEIR SYMPTOMS
<u>G12</u>	<u>G13</u>	<u>G14</u>	<u>G15</u>	<u>G16</u>	<u>G17</u>	_____	_____	_____	_____	_____
<u>G18</u>	<u>G19</u>	<u>G20</u>	<u>G21</u>	<u>G22</u>	<u>G23</u>	_____	_____	_____	_____	_____
<u>G24</u>	<u>G25</u>	<u>G26</u>	<u>G27</u>	<u>G28</u>	<u>G29</u>	_____	_____	_____	_____	_____
<u>G30</u>	<u>G31</u>	<u>G32</u>	<u>G33</u>	<u>G34</u>	<u>G35</u>	_____	_____	_____	_____	_____
<u>G36</u>	<u>G37</u>	<u>G38</u>	<u>G39</u>	<u>G40</u>	<u>G41</u>	_____	_____	_____	_____	_____
<u>G42</u>	<u>G43</u>	<u>G44</u>	<u>G45</u>	<u>G46</u>	<u>G47</u>	_____	_____	_____	_____	_____

NOTE: IF MORE THAN ONE BROTHER, SISTER OR CHILD SAW A MENTAL HEALTH WORKER, PLEASE GIVE INFORMATION ON EACH.

	$\frac{0}{H1}$	$\frac{8}{H2}$	H1, H2	Card/Deck Number
			H3-H6	Respondent Identification Number
<del>H3</del>	<del>H4</del>	<del>H5</del>	<del>H6</del>	
	$\frac{0}{H7}$	$\frac{1}{H8}$	H7, H8	Sample Number
	$\frac{0}{H9}$	$\frac{1}{H10}$	H9, H10	Study Number

H11 HAVE ANY OF YOUR CLOSE RELATIVES EVER BEEN A PATIENT IN A MENTAL HOSPITAL OR IN A GENERAL HOSPITAL FOR TREATMENT OF A NERVOUS OR MENTAL PROBLEM?

(0) \_\_\_ No                      (1) \_\_\_ Yes

IF YES, FILL OUT THE ANSWERS FOR EACH OF YOUR RELATIVES WHO HAVE BEEN A PATIENT IN A MENTAL HOSPITAL OR IN A GENERAL HOSPITAL FOR TREATMENT OF A NERVOUS OR MENTAL PROBLEM.

DON'T WRITE IN THIS COLUMN

DON'T WRITE IN THIS COLUMN						HOSPITALIZED?		HOW OLD THE	HOW OLD	SYMPTOMS	
						No (0)	Yes (1)	FIRST TIME	NOW		
H12	H13	H14	H15	H16	H17	FATHER	_____	_____	_____	_____	_____
H18	H19	H20	H21	H22	H23	MOTHER	_____	_____	_____	_____	_____
H24	H25	H26	H27	H28	H29	ANY BROTHER	_____	_____	_____	_____	_____
H30	H31	H32	H33	H34	H35	ANY SISTER	_____	_____	_____	_____	_____
H36	H37	H38	H39	H40	H41	ANY SON	_____	_____	_____	_____	_____
H42	H43	H44	H45	H46	H47	ANY DAUGHTER	_____	_____	_____	_____	_____

NOTE: IF MORE THAN ONE BROTHER, SISTER OR CHILD WAS HOSPITALIZED, PLEASE GIVE INFORMATION ON EACH.

		0	9	11	12	11, 12	Card/Deck Number
		13	14	15	16	13-16	Respondent Identification Number
		0	1	17	18	17, 18	Sample Number
		0	1	19	110	19, 110	Study Number

THE FOLLOWING IS A LIST OF PROBLEMS THAT PEOPLE MIGHT HAVE BECAUSE OF THEIR OWN DRINKING:

- Marital Separation or Divorce Because of Their Drinking.
- Laid off from Work or Fired Because of Their Drinking.
- Two or More Drunk Driving Arrests Because of Their Drinking.
- Two or More Arrests for Public Intoxication, Drunk and Disorderly Conduct, Etc., Because of Their Drinking.
- Doctor Said Alcohol Had Harmed Their Health.

HAVE ANY OF YOUR CLOSE RELATIVES EVER HAD ANY OF THESE PROBLEMS?

III

(0) No (1) Yes

IF YES, FILL OUT THE ANSWERS FOR EACH OF YOUR RELATIVES WHO HAVE HAD THESE PROBLEMS.

						DRINKING PROBLEM		HOW OLD THE	HOW OLD	NUMBER OF PROBLEMS	
						No (0)	Yes (1)	FIRST TIME	NOW		
I12	I13	I14	I15	I16	I17	FATHER	_____	_____	_____	_____	_____
I18	I19	I20	I21	I22	I23	MOTHER	_____	_____	_____	_____	_____
I24	I25	I26	I27	I28	I29	ANY BROTHER	_____	_____	_____	_____	_____
I30	I31	I32	I33	I34	I35	ANY SISTER	_____	_____	_____	_____	_____
I36	I37	I38	I39	I40	I41	ANY SON	_____	_____	_____	_____	_____
I42	I43	I44	I45	I46	I47	ANY DAUGHTER	_____	_____	_____	_____	_____

NOTE: IF MORE THAN ONE BROTHER, SISTER OR CHILD HAD THESE PROBLEMS, PLEASE GIVE INFORMATION ON EACH.



DID ANY OF YOUR CLOSE RELATIVES HAVE ANY OTHER ALCOHOL PROBLEMS?

148

(0)      No                      (1)      Yes

IF YES, TELL US WHICH RELATIVES, THEIR PRESENT AGE AND WHAT PROBLEM THEY HAD.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1 0  
J1 J2

J1, J2      Card/Deck Number

J3-J6      Respondent Identification Number

0 1  
J7 J8

J7, J8      Sample Number

0 1  
J9 J10

J9, J10     Study Number

J3 J4 J5 J6

THE FOLLOWING IS A LIST OF PROBLEMS THAT PEOPLE MIGHT HAVE BECAUSE OF THEIR OWN DRUG MISUSE:

- Marital Separation or Divorce Because of Their Drug Use.
- Laid off From Work or Fired Because of Their Drug Use.
- Two or More Arrests Because of Their Use of Drugs Other than Marijuana.
- Doctor Said Drugs Had Harmed Their Health.
- Used Drugs Intravenously (ny needle).

HAVE ANY OF YOUR CLOSE RELATIVES EVER HAD ANY OF THESE PROBLEMS?

J11

(0)      No                      (1)      Yes

IF YES, FILL OUT THE ANSWERS FOR EACH OF YOUR RELATIVES WHO HAVE HAD THESE PROBLEMS.

	DRUG PROBLEM		HOW OLD THE	HOW OLD	NUMBER OF PROBLEMS
	No (0)	Yes (1)	FIRST TIME	NOW	
<u>J12</u> <u>J13</u> <u>J14</u> <u>J15</u> <u>J16</u> <u>J17</u> FATHER	_____	_____	_____	_____	_____
<u>J18</u> <u>J19</u> <u>J20</u> <u>J21</u> <u>J22</u> <u>J23</u> MOTHER	_____	_____	_____	_____	_____
<u>J24</u> <u>J25</u> <u>J26</u> <u>J27</u> <u>J28</u> <u>J29</u> ANY BROTHER	_____	_____	_____	_____	_____
<u>J30</u> <u>J31</u> <u>J32</u> <u>J33</u> <u>J34</u> <u>J35</u> ANY SISTER	_____	_____	_____	_____	_____
<u>J36</u> <u>J37</u> <u>J38</u> <u>J39</u> <u>J40</u> <u>J41</u> ANY SON	_____	_____	_____	_____	_____
<u>J42</u> <u>J43</u> <u>J44</u> <u>J45</u> <u>J46</u> <u>J47</u> ANY DAUGHTER	_____	_____	_____	_____	_____

NOTE: IF MORE THAN ONE BROTHER, SISTER OR CHILD HAD THESE PROBLEMS, PLEASE GIVE INFORMATION ON EACH.

DID ANY OF YOUR CLOSE RELATIVES HAVE ANY OTHER DRUG PROBLEMS?

J48

(0)      No                      (1)      Yes

IF YES, TELL US WHICH RELATIVES, THEIR PRESENT AGE AND WHAT PROBLEM THEY HAD.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AGREEMENT TO PARTICIPATE IN EVALUATION FOLLOW-UP

OVB No. 070-573000  
Approval expires 12/31/78  
KCS 11-123-5

SERIAL I.D. NO.

ALTERNATE I.D. NO.

I have decided to enter treatment at the Veterans Administration Hospital and agree to participate in follow-up interviews periodically after my admission to let the Veterans Administration staff know how I am getting along. I understand that I may withdraw from this treatment program at any time, however, I will still cooperate in providing information on how I am doing, whether or not I am in treatment at that time. I further understand that not all of the patients signing this agreement form will be followed up, but if I am among those to be interviewed, the first interview will be scheduled six months from my admission date. I know that my consent to provide or not to provide follow-up information will not affect my eligibility for treatment.

I am providing an address and telephone number where I believe I can be located six months from now. I will let the staff in this program know of any change in my address or phone number during this period so that someone either from the Veterans Administration or representing the VA can contact me.

PATIENT'S NAME (Print or type)

PATIENT'S SIGNATURE

DATE

PHONE NO. (Include area code)

ADDRESS (Street, city, state, zip code)

LOCATOR ASSISTANCE

I am providing the name of a relative or friend that the VA may contact to help locate me at the time of my follow-up if I cannot be reached at my address. I understand that during the course of my treatment I may substitute the name of a different person to be this contact.

I am providing the name of a relative or friend that the VA may contact to help locate me at the time of my follow-up if I cannot be reached at my address. I understand that during the course of my treatment I may substitute the name of a different person to be this contact.

NAME OF RELATIVE OR FRIEND TO CONTACT

NAME OF RELATIVE OR FRIEND TO CONTACT

ADDRESS (Street, city, state, zip code)

ADDRESS (Street, city, state, zip code)

PHONE NO. (Include area code)

PHONE NO. (Include area code)

May this person be interviewed at the time of your follow-up about how you are getting along? (Please check one)

- Yes, you may talk with this person about how I am doing.
- No, I prefer that you NOT interview this person about how I am getting along.

May this person also be interviewed at the time of your follow-up about how you are getting along? (Please check one)

- Yes, you may talk with this person about how I am doing.
- No, I prefer that you NOT interview this person about how I am getting along.

VA FORM 10-7984a  
MAY 1975

PATIENT'S NAME, SOC. SEC. NO. AND FACILITY NAME

The social security number on this application will be used for identification of records and administration of veterans' benefits. Although disclosure is voluntary, failure to furnish this number may delay processing and action required by title 38, United States Code.

## ALCOHOL TREATMENT PROGRAM (ATP) FAMILY HISTORY INTERVIEW

- Author: Marc A. Schuckit
- Assessment Areas Covered: Drinking history, drug use history, alcohol-related problems, demographics, antisocial behavior, family history of psychiatric disorders, treatment history, diagnosis
- Administration: Face-to-face interview (approximately 40 minutes), voluntary, subject identification material included, at screening and intake
- Design Features: A highly structured interview to be used by a trained interviewer who is expected to probe for incomplete answers and inconsistencies; 92 multiple-choice, completion, and yes/no items.
- Abstract: This is a face-to-face interview to be administered by a trained interviewer. The purpose is to allow for the assignment of primary and secondary psychiatric diagnoses (e.g., antisocial personality disorder, affective disorder, alcoholism, drug abuse) and to document the course of problems and treatments received. This interview form covers the same material as the ATP Intake Questionnaire but allows for greater depth of exploration of answers due to the face-to-face interview format.
- Related Published Reports: Schuckit, M.A. The history of psychotic symptoms in alcoholics. Journal of Clinical Psychiatry, 43:53-57, 1982.
- Schuckit, M.A. Alcoholic men with no alcoholic first-degree relatives. American Journal of Psychiatry, 104:439-443, 1983.
- Schuckit, M.A. A study of alcoholics with secondary depression. American Journal of Psychiatry, 140:711-714, 1983.
- Schuckit, M.A.; Morrison, C.R.; and Gold, E.O. A pragmatic alcoholism treatment outcome scale. American Journal of Drug and Alcohol Abuse, 10:125-131, 1983.
- Schuckit, M.A. The relationship between the course of primary alcoholism and family history. Journal of Studies on Alcohol, 45:1-8, 1984.
- Schuckit, M.A. A one-year followup of alcoholics given disulfiram. Journal of Studies on Alcohol, 46(3), 1985.
- Availability Source: Marc A. Schuckit, M.D., Department of Psychiatry (116A), Veterans Administration Medical Center, 3350 La Jolla Village Drive, San Diego, California 92161. There is no fee for use.

ATP FAMILY HISTORY INTERVIEW

INTRODUCTION

The staff of the Alcohol Treatment Program is interested in offering the maximum care possible to every patient. To do this, we recognize that not everyone is identical. Therefore, in order to help us understand more about the differences between our patients, we developed the questionnaire you filled out when you entered the program.

We are now in the process of expanding upon that information. We are also interested in checking to see whether the original questionnaire was as clear and easy to understand as we would like. In order to do these two things we have developed this interview which covers new material you've not shared with the program before and some background information you may have already indicated on the questionnaire.

If you have any questions please interrupt me. We very much appreciate your taking the time to talk with me.

\_\_\_\_ NAME \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ INTERVIEW # \_\_\_\_\_

\_\_\_\_ PERMANENT ADDRESS: \_\_\_\_\_

\_\_\_\_

\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

\_\_\_\_ NAME, ADDRESS & PHONE NUMBER OF YOUR NATURAL MOTHER: \_\_\_\_\_

\_\_\_\_

\_\_\_\_

\_\_\_\_ NAME, ADDRESS & PHONE NUMBER OF YOUR FULL BROTHER/SISTER: \_\_\_\_\_

\_\_\_\_

\_\_\_\_

\_\_\_\_ NAME, ADDRESS & PHONE NUMBER OF ANOTHER PERSON WHO MIGHT KNOW SOMETHING ABOUT YOUR BACKGROUND AND MIGHT KEEP IN TOUCH WITH YOU OVER THE NEXT 3 TO 5 YEARS: \_\_\_\_\_

\_\_\_\_

\_\_\_\_

\_\_\_\_

AT A2

A3 A4 A5 A6

A7 A8

FIRST, SOME QUESTIONS ABOUT YOUR BACKGROUND.

A9 A10

A11 A12

1. HOW OLD ARE YOU? \_\_\_\_\_ Years Old.
2. WHAT IS YOUR USUAL OCCUPATION? (Interviewer: please describe as completely as possible what it is. Write this description below and then circle the closest category.)

- 
- (01) \_\_\_\_\_ Doctor, Lawyer, Ph.D., Artist, Musician, Clergyman or Other Professional
  - (02) \_\_\_\_\_ Teacher, Engineer, Military Officer, Social Worker, Accountant
  - (03) \_\_\_\_\_ Owner of Large Business Executive, Bank, Etc.
  - (04) \_\_\_\_\_ Owner of Small Business, Law Enforcement, Police Officer, Etc.
  - (05) \_\_\_\_\_ Bookkeeper, Salesman, Real Estate/Insurance Agent, Other Clerical-Sales, Etc.
  - (06) \_\_\_\_\_ Skilled and Semi-Skilled: Carpenter, Mechanic, Electrician, Plumber, Enlisted Military, Etc.
  - (07) \_\_\_\_\_ Unskilled: Janitor, Laborer, Truck Driver, Odd Jobs, Farm Hand, Waiter, Bartender, Etc.
  - (08) \_\_\_\_\_ Farming/Forestry: Commercial Fisherman, Forest Ranger, Landscape Gardener, Farmer, Etc.
  - (09) \_\_\_\_\_ Service: Maid or Butler
  - (10) \_\_\_\_\_ Housewife
  - (11) \_\_\_\_\_ Other - Explain Specific Job and Degree or Training Required:
- 

A13

3. WHAT IS YOUR PRESENT MARITAL STATUS?

- (1) \_\_\_\_\_ Single
- (2) \_\_\_\_\_ Married
- (3) \_\_\_\_\_ Widowed
- (04) \_\_\_\_\_ Separated
- (05) \_\_\_\_\_ Divorced

A14

4. HOW MANY TIMES HAVE YOU BEEN MARRIED?

- (0) \_\_\_\_\_ None or \_\_\_\_\_ Actual Number of Times

A15

5. WHAT IS YOUR PRESENT RELIGION?

- (1) \_\_\_\_\_ Baptist
- (2) \_\_\_\_\_ Methodist
- (3) \_\_\_\_\_ Lutheran
- (4) \_\_\_\_\_ Episcopalian
- (5) \_\_\_\_\_ Other Protestant
- (6) \_\_\_\_\_ Catholic
- (7) \_\_\_\_\_ Jewish
- (8) \_\_\_\_\_ Other---Which One? \_\_\_\_\_
- (9) \_\_\_\_\_ None

A16

6. ARE YOU CURRENTLY PRACTICING YOUR RELIGION?

- (0) \_\_\_\_\_ No
- (1) \_\_\_\_\_ Yes

A17

7. WHAT DO YOU CONSIDER TO BE YOUR ETHNIC ORIGIN?

- (1) \_\_\_\_\_ Mexican-American/Chicano
- (2) \_\_\_\_\_ Puerto Rican
- (3) \_\_\_\_\_ Other Caucasian/White
- (4) \_\_\_\_\_ Negro/Black
- (5) \_\_\_\_\_ American Indian/Native American
- (6) \_\_\_\_\_ Oriental
- (7) \_\_\_\_\_ Malayan/Filipino
- (8) \_\_\_\_\_ Eskimo

NEXT, SOME QUESTIONS ABOUT YOUR VERY EARLY LIFE EXPERIENCES.

A18 A19

8. AFTER BIRTH, WERE YOU PLACED IN AN INCUBATOR?

- (00) \_\_\_\_\_ No IF SO, FOR HOW LONG? \_\_\_\_\_ Days.

9. DID YOU HAVE ANY CONGENITAL MALFORMATIONS?

(0) \_\_\_ No \_\_\_ Yes

IF YES, WHAT?

A20 A21

(1) \_\_\_ Cleft Lip or Palate (8)

A22 A23

(2) \_\_\_ Hole in your heart (ASD or VSD) (9)

(3) \_\_\_ Cross-eyed (10)

(4) \_\_\_ Fused fingers or toes (11)

A24 A25

(5) \_\_\_ Hypospadias (Penis not fused properly) (12)

(6) \_\_\_ Undescended testes (13) \_\_\_ Other: \_\_\_\_\_

(7) \_\_\_ Hernia \_\_\_\_\_

10. DID YOU DEVELOP ANY INFECTIONS THAT NEEDED TREATMENT DURING YOUR FIRST FEW DAYS OF LIFE?

A26

(0) \_\_\_ No (1) \_\_\_ Yes

IF YES, WHAT? \_\_\_\_\_

11. ON WHAT DAY OF LIFE DID YOU COME HOME FROM THE HOSPITAL? \_\_\_\_\_ Day

A27

12. HOW OLD WERE YOU WHEN YOU FIRST ATTENDED SCHOOL? \_\_\_\_\_ Years Old.

A28 A29

13. HOW MANY YEARS OF GRADE AND HIGH SCHOOL DID YOU COMPLETE?

A30 A31

\_\_\_\_\_ Actual Number of Years Completed. NOTE: "12" Years Means High School Graduate.

14. IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, DID YOU PASS A HIGH SCHOOL EQUIVALENCY TEST?

A32

(0) \_\_\_ No (1) \_\_\_ Yes (9) \_\_\_ Not applicable. I graduated from high school.

15. HOW MANY YEARS OF COLLEGE DID YOU COMPLETE? \_\_\_\_\_ Actual Number of Years Completed.

A33

16. DURING YOUR LAST TWO YEARS WHILE IN JR. HIGH OR HIGH SCHOOL, ON THE AVERAGE HOW MANY TIMES A MONTH WOULD YOU PLAY HOOKY? (Don't Count College) (Missed at least 1/2 day of classes.)

A34 A35

(00) \_\_\_ Never or \_\_\_\_\_ Actual Number of Times

17. WERE YOU EVER SUSPENDED OR EXPELLED FROM GRADE SCHOOL OR HIGH SCHOOL?

A36

(0) \_\_\_ Never If yes: \_\_\_\_\_ Actual Number of Times

18. BEFORE YOU WERE 16, DID YOU EVER RUN AWAY FROM HOME AT LEAST OVERNIGHT?

A37

(0) \_\_\_ Never or If yes: \_\_\_\_\_ Actual Number of Times

19. WERE YOU EVER PLACED IN A REFORM SCHOOL?

A38

(0) \_\_\_ Never or If yes: \_\_\_\_\_ Actual Number of Times

20. DID YOUR PARENTS EVER REPEATEDLY SAY THAT YOU WERE UNMANAGEABLE, INCORRIGIBLE, OR THAT THEY WERE UNABLE TO CONTROL YOU?

A39 A40

(00) \_\_\_ Never or If yes: \_\_\_\_\_ HOW OLD WERE YOU WHEN YOUR PARENTS FIRST SAID THIS?

21. HAVE YOU EVER HURT ANYONE IN A FIGHT BADLY ENOUGH SO THAT THEY NEEDED TO SEE A DOCTOR?

A41

(0) \_\_\_ No or If yes: \_\_\_\_\_ Actual Number of Times in All

IF YES, DID YOU EVER DO THIS WHEN INTOXICATED?

A42

(0) \_\_\_ No \_\_\_\_\_ Actual Number of Times When Intoxicated

22. EXCEPT IN MILITARY ACTION OR BATTLE, HAVE YOU EVER USED A WEAPON IN A FIGHT LIKE A GUN, A KNIFE, A CLUB OR BOARD, ETC.

A43

(0) \_\_\_ No If yes: \_\_\_\_\_ Actual Number of Times in All

IF YES, DID YOU EVER DO THIS WHEN YOU WERE INTOXICATED?

A44

(0) \_\_\_ No \_\_\_\_\_ Actual Number of Times When Intoxicated

A45 A46

23. DO YOU HAVE A POLICE OR ARREST RECORD FOR OFFENSES COMMITTED PRIOR TO AGE 16?  
(Count EVEN THOSE ITEMS WHICH WERE SUBSEQUENTLY ERASED.)

(0)      None      or      If Yes:                      Actual Number

A47 A48

24. DO YOU HAVE A POLICE OR ARREST RECORD FOR ANY MISDEMEANOR (OTHER THAN A TRAFFIC TICKET)  
SINCE AGE 16? (Exclusive of alcohol and drug related arrests.)

(0)      None      or      If Yes:                      Actual Number

A49 A50

25. DO YOU HAVE AN ADULT POLICE OR ARREST RECORD FOR ANY FELONY COMMITTED SINCE AGE 16? (Exclusive  
of alcohol and drug related arrests.)

(0)      None      or      If Yes:                      Actual Number

A51 A52 A53

26. OVER THE LAST 6 MONTHS HOW MANY DAYS DID YOU WORK? (120 working days.)

           FULL-TIME (8 hours per day)            PART-TIME (Less than 8)

A54 A55 A56

27. WHAT WAS YOUR AVERAGE TOTAL MONTHLY INCOME OVER THE LAST SIX MONTHS?

                                     Average Monthly Income

NOW WE WOULD LIKE INFORMATION ABOUT YOUR ALCOHOL-RELATED PROBLEMS:

A61 A62

28. WERE YOU EVER DEMOTED ON A JOB BECAUSE OF DRINKING?

(00)      Never      or      I was            years old the first time.

HOW MANY TIMES DID THIS HAPPEN?            NUMBER OF TIMES.

A63 A64

HOW MANY TIMES IN THE LAST SIX MONTHS?            Number of times.

A65 A66

\* 29. WERE YOU EVER FIRED BECAUSE OF DRINKING?

A67 A68

(00)      Never      or      I was            years old the first time.

HOW MANY TIMES DID THIS HAPPEN?            NUMBER OF TIMES.

A69 A70

HOW MANY TIMES IN THE LAST SIX MONTHS?            Number of times.

A71 A72

30. HAVE YOU EVER HAD AN AUTO ACCIDENT BECAUSE OF DRINKING?

A73 A74

(00)      Never      or      I was            years old the first time.

HOW MANY TIMES DID THIS HAPPEN?            NUMBER OF TIMES

A75 A76

HOW MANY TIMES IN THE LAST SIX MONTHS?            Number of times.

A77 A78

B1 A79

B3 B4 B5 B6

B7 B8

\* 31. WERE YOU EVER PICKED UP FOR DRUNK DRIVING?

B9 B10

(00)      Never      or      I was            years old the first time. How old the 2nd time?            years old

HOW MANY TIMES DID THIS HAPPEN?            NUMBER OF TIMES

B11 B12

HOW MANY TIMES IN THE LAST SIX MONTHS?            Number of times.

B13 B14

\* 32. WERE YOU EVER ARRESTED FOR PUBLIC INTOXICATION, DRUNK AND DISORDERLY CONDUCT, OR ANY OTHER  
NON-DRIVING ALCOHOL ARREST.

B15 B16

(00)      Never      or      I was            years old the first time. How old the 2nd time?            years old

HOW MANY TIMES DID THIS HAPPEN?            NUMBER OF TIMES.

B17 B18

HOW MANY TIMES IN THE LAST SIX MONTHS?            Number of times.

B19 B20

821 822

\* 33. WERE YOU EVER SEPARATED 1 MONTH OR MORE OR DIVORCED FROM YOUR SPOUSE BECAUSE OF YOUR DRINKING PROBLEM?

(00) Never Or I was \_\_\_\_\_ years old the first time.

HOW MANY TIMES DID THIS HAPPEN? \_\_\_\_\_ NUMBER OF TIMES.

823 824

HOW MANY TIMES IN THE LAST SIX MONTHS? \_\_\_\_\_ Number of times.

825 826

827 828

\* 34. HAVE YOU EVER GONE TO THE HOSPITAL BECAUSE OF DRINKING? (Do not count present time.) (Do not count accidents.)

(00) Never or I was \_\_\_\_\_ years old the first time.

HOW MANY TIMES DID THIS HAPPEN? \_\_\_\_\_ NUMBER OF TIMES.

829 830

HOW MANY TIMES IN THE LAST SIX MONTHS? \_\_\_\_\_ Number of times.

831 832

833 834

\* 35. HAS A DOCTOR EVER TOLD YOU ALCOHOL HAD HARMED YOUR HEALTH?

(00) Never or I was \_\_\_\_\_ years old the first time.

HOW MANY TIMES DID THIS HAPPEN? \_\_\_\_\_ NUMBER OF TIMES.

835 836

HOW MANY TIMES IN THE LAST SIX MONTHS? \_\_\_\_\_ Number of times.

837 838

839 840

36. HAVE YOU EVER SPENT A NIGHT IN JAIL (8 or more hours) BECAUSE OF ALCOHOL?

(00) Never or I was \_\_\_\_\_ years old the first time.

HOW MANY TIMES DID THIS HAPPEN? \_\_\_\_\_ NUMBER OF TIMES.

841 842

HOW MANY TIMES IN THE LAST SIX MONTHS? \_\_\_\_\_ Number of times.

843 844

845 846

37. WHAT IS THE LONGEST PERIOD OF TIME IN MONTHS THAT YOU HAVE CONSISTENTLY PARTICIPATED IN ALCOHOLICS ANONYMOUS? \_\_\_\_\_ MONTHS.

847 848 849 850

38. WHAT IS THE LONGEST TIME IN DAYS YOU HAVE EVER STAYED ON THE WAGON (ABSTAINED) AT ONE TIME SINCE YOU BEGAN HAVING PROBLEMS WITH ALCOHOL? \_\_\_\_\_ Days

851 852 853

39. IN THE LAST 6 MONTHS WHAT IS THE LONGEST PERIOD OF TIME YOU HAVE STAYED ON THE WAGON? \_\_\_\_\_ Days.

854 855 856 857

40. WHAT AGES WERE YOU DRY FOR 3 OR MORE MONTHS AT A TIME? \_\_\_\_\_ TO \_\_\_\_\_

858 859 860 861

INTERVIEWER: Record any others on facing page. \_\_\_\_\_ TO \_\_\_\_\_

862 863 864 865

\_\_\_\_\_ TO \_\_\_\_\_

866 867 868 869

41. SINCE YOU FIRST BEGAN HAVING PROBLEMS WITH ALCOHOL WHAT IS THE LONGEST TIME IN DAYS YOU HAVE BEEN ABLE TO DRINK IN A "CONTROLLED WAY" WITHOUT GETTING DRUNK OR GETTING INTO TROUBLE. \_\_\_\_\_ DAYS.

870

42. OUT OF THE LAST SIX MONTHS, HOW MANY MONTHS DID YOU TAKE A DRINK IN? \_\_\_\_\_ Months.

871 872

42a. IN THE MONTHS YOU WERE DRINKING, HOW MANY DAYS ON THE AVERAGE WOULD YOU TAKE A DRINK? \_\_\_\_\_ Days

873 874

43. OVER THE LAST 6 MONTHS, IN THE AVERAGE 24-HOUR PERIOD YOU WERE DRINKING, HOW MANY DRINKS WOULD YOU HAVE? \_\_\_\_\_ Drinks. NOTE: 1 Single Mixed Drink = 1 Drink

1 12 oz. Beer = 1 Drink

For Whiskey:

1 Shot = 1 Drink  
a Pint = 10 Drinks  
a Fifth = 16 Drinks

For Wine:

1 4 oz. wine = 1 Drink  
a Pint = 3 Drinks  
a Fifth = 6 Drinks  
a Half-gallon = 15 Drinks

875 876

44. OVER THE LAST 6 MONTHS, WHAT IS THE MOST NUMBER OF DRINKS YOU HAVE HAD IN 24 HOURS? \_\_\_\_\_ Drinks.

877 878

44A INTERVIEWER: WHAT IS THE AGE OF ONSET OF ALCOHOLISM? (Q. 29, 31-35).



CA CA  
CB CD CE  
CF CH

NOW SOME QUESTIONS ABOUT YOUR USE OF DRUGS OTHER THAN ALCOHOL:

HOW MANY TIMES IN YOUR LIFE DO YOU ESTIMATE THAT YOU HAVE TAKEN THE FOLLOWING SUBSTANCES:

CI CJ

45. MARIJUANA (INCLUDING HASHISH AND THS)?

(00)      Never or      Times.

CK CL

46. HALLUCINOGENS (LSD, Mescaline, PEYOTE, MDA, DMT, PCP, STP PSILOCYBIN, ETC)?

(00)      Never or      Times.

CM CN

47. BARBITURATES AND DOWNERS THAT WEREN'T PRESCRIBED FOR YOUR USE?

(00)      Never or      Times.

CO CP

48. ORAL AMPHETAMINES, RITALIN, INTRAVENOUS METHEDRINE ("SPEED"), DESOXYN, DIET PILLS, AND OTHER AMPHETAMINES THAT WEREN'T PRESCRIBED FOR YOUR USE?

(00)      Never or      Times.

CQ CR

49. OPIATES (HEROIN, PAREGORIC, ETC.)?

(00)      Never or      Times.

CS CT

50. SOLVENTS (GLUE, AEROSOLS, TOLUENE, GASOLINE, PAINT, ETC.)?

(00)      Never or      Times.

CU CV

51. COCAINE?

(00)      Never or      Times.

CW CX

52. ARE THERE ANY OTHERS? IF YES, WHICH ONES? \_\_\_\_\_

CY

53. HAVE YOU EVER HAD ANY OF THE FOLLOWING PROBLEMS BECAUSE OF DRUG USE OTHER THAN ALCOHOL?

(0)      No      Yes IF YES, CHECK ALL PROBLEMS YOU HAVE HAD:

- MARITAL SEPARATION OR DIVORCE BECAUSE OF YOUR DRUG USE?
- LAID OFF FROM WRK OR FIRED BECAUSE OF YOUR DRUG USE?
- TWO OR MORE ARRESTS BECAUSE OF YOUR USE OF DRUGS OTHER THAN MARIJUANA?
- A DOCTOR HAS SAID THAT DRUGS HAVE HARMED YOUR HEALTH?
- USED DRUGS INTRAVENOUSLY?

CZ

54. HAVE YOU HAD ANY OTHER DRUG PROBLEM? IF SO, WHAT? \_\_\_\_\_

DA DB DC DD

55. IF YES, WHAT DRUGS WERE YOU TAKING WHEN YOU HAD THESE PROBLEMS?  
(Check all that were associated with the problem.)

- (1)      Marijuana (including Hashish & THC)
- (2)      Hallucinogens (LSD, Mescaline, Peyote, MDA, DMT, PCP, STP, Psilocybin, Etc.)
- (3)      Barbiturates and Downers that Weren't Prescribed for Your Use
- (4)      Oral Amphetamines, Ritalin, Intravenous Methedrine ("Speed"), Desoxyn, Diet Pills, and Other Amphetamines that Weren't Prescribed for Your Use.
- (5)      Opiates (Heroin, Paregoric, Etc.)
- (6)      Solvents (Glue, Aerosols, Toluene, Amyl Nitrite, Etc.)
- (7)      Cocaine
- (8)      Other: \_\_\_\_\_

DE

56. HOW OLD WERE YOU THE FIRST TIME YOU HAD ANY OF THESE DRUG RELATED PROBLEMS?

     Years Old

HOW SOME QUESTIONS ABOUT ANY EMOTIONAL OR PSYCHIATRIC PROBLEMS YOU MAY HAVE HAD:

833

57. BEFORE ENTERING THE TREATMENT PROGRAM THIS TIME, WERE YOU EVER TREATED BY A MENTAL HEALTH WORKER SUCH AS A PSYCHIATRIST, PSYCHOLOGIST, OR SOCIAL WORKER? DO NOT COUNT TIMES YOU WERE IN THE HOSPITAL OR THE MAJOR PROBLEM WAS ALCOHOL OR DRUGS. (CHECK ALL THAT APPLY)

- (0)  No, Never Treated.
- (1)  Yes, Psychiatrist
- (2)  Yes, Psychologist

- (3)  Yes, Social Worker
- (4)  Yes, Other

Please Specify: \_\_\_\_\_

IF YES, WHY DID YOU SEE THEM? \_\_\_\_\_

834 835

HOW MANY SESSIONS HAVE YOU HAD WITH ALL MENTAL HEALTH WORKERS ALTOGETHER? DO NOT COUNT TIMES WHEN YOU WERE IN THE HOSPITAL

\_\_\_\_\_ Total Number of Sessions When Not in Hospital.

836 837

HOW OLD WERE YOU THE FIRST TIME YOU SAW A MENTAL HEALTH WORKER? \_\_\_\_\_ Years of Age

838 839

58. WERE YOU EVER HOSPITALIZED FOR TREATMENT OF A MENTAL PROBLEM? DON'T COUNT TIMES WHERE THE MAJOR PROBLEM WAS ALCOHOL OR DRUGS.

(00)  Never or \_\_\_\_\_ Actual Number of Times

IF YES, HOW OLD WERE YOU THE FIRST TIME YOU WERE HOSPITALIZED? \_\_\_\_\_ Years Old.

HOW OLD WERE YOU THE MOST RECENT TIME YOU WERE HOSPITALIZED? \_\_\_\_\_ Years Old.

WHAT WERE YOUR SYMPTOMS? \_\_\_\_\_

840 841

842 843

844

59. WERE YOU EVER DEPRESSED, SAD, BLUE, DESPONDENT, HOPELESS, "DOWN IN THE DUMPS", IRRITABLE, FEARFUL, WORRIED, OR DISCOURAGED CONSTANTLY FOR TWO WEEKS OR LONGER?

BE CERTAIN

YOU WERE DEPRESSED ALL DAY, EVERY DAY FOR TWO WEEKS.

(0)  No (1)  Yes (2)  Yes, But Only When Drinking or Abusing Drugs.

IF YES, HOW OLD WERE YOU THE FIRST TIME YOU HAD A DEPRESSION LIKE THIS? \_\_\_\_\_ Years Old.

DID THIS PERIOD OF DEPRESSION SERIOUSLY INTERFERE OR CAUSE A MAJOR DISRUPTION IN YOUR LIFE?

(0)  No (1)  Yes IF YES, WHAT WAS THE SPECIFIC PROBLEM THAT RESULTED FROM THE DEPRESSION (i.e., failed a course, had to drop out of school, was fired from a job because of the depression)?

845 846

847

IF YOU WERE DEPRESSED ALL DAY EVERY DAY FOR 2 WEEKS OR LONGER, DID YOU HAVE ANY OF THE FOLLOWING SYMPTOMS OCCURRING FOR 2 WEEKS OR MORE DURING THE SAME PERIOD? IF YOU WERE DEPRESSED FOR 2 WEEKS OR MORE ON MORE THAN ONE OCCASION, PLEASE ANSWER FOR THE EPISODE THAT WAS THE MOST SEVERE.

NOTE: Be sure you were not drinking heavily or taking illegal drugs daily.

848

POOR APPETITE

NO (0) YES (1)

849

LOSS OF TWO OR MORE POUNDS A WEEK WHEN NOT DIETING

850

SLEEP DIFFICULTY, TROUBLE SLEEPING, OR A SIGNIFICANT INCREASE IN SLEEP NEED

851

SIGNIFICANT LOSS OF ENERGY OR TIREDNESS

852

LOSS OF INTEREST IN YOUR USUAL ACTIVITIES

NO (0) YES (1)

C53  
C54  
C55  
C56  
C57  
C58  
C59  
C60  
C61  
C62

- DECREASE IN SEXUAL DRIVE \_\_\_\_\_
- FEELINGS OF SELF REPROACH OR GUILT \_\_\_\_\_
- INABILITY TO CONCENTRATE \_\_\_\_\_
- SLOW THINKING, OR MIXED-UP THOUGHTS \_\_\_\_\_
- RECURRENT THOUGHT OF DEATH OR SUICIDE \_\_\_\_\_
- THOUGHTS OF WISHING TO BE DEAD \_\_\_\_\_
- SUICIDE ATTEMPTS \_\_\_\_\_
- CRYING EASILY, TEARFULNESS, OR FEELING LIKE CRYING \_\_\_\_\_
- LOSS OF ABILITY TO EXPERIENCE OR EXPRESS JOY OR SORROW \_\_\_\_\_
- MORE THAN USUAL DIFFICULTY IN MAKING DECISIONS. \_\_\_\_\_

INTERVIEWER: Code number of symptoms.

C63 C64

60. WERE YOU TAKING ANY PRESCRIBED OR ILLEGAL DRUGS WHEN THIS PERIOD OF DEPRESSION BEGAN?

C65

(0) \_\_\_ No (1) \_\_\_ Yes IF YES, WHAT DRUGS WERE YOU TAKING AND WHAT WAS YOUR FREQUENCY OF USE?

DRUG: \_\_\_\_\_ HOW OFTEN \_\_\_\_\_

DRUG: \_\_\_\_\_ HOW OFTEN \_\_\_\_\_

DRUG: \_\_\_\_\_ HOW OFTEN \_\_\_\_\_

61. HAVE YOU EVER BEEN EITHER EXTREMELY HAPPY OR EXTREMELY IRRITABLE CONSTANTLY FOR 24 HOURS A DAY, FOR A PERIOD OF 2 WEEKS OR LONGER?

C66

(0) \_\_\_ No (1) \_\_\_ Yes (9) \_\_\_ N/A (No Response) (8) \_\_\_ DK/DNA

IF YES, HAVE ANY OF THE FOLLOWING OCCURRED FOR TWO WEEKS OR LONGER DURING THAT PERIOD? ANSWER FOR THE WORST SUCH PERIOD IF THIS HAS HAPPENED TO YOU MORE THAN ONCE. THESE MUST ALL OCCUR AT THE SAME PERIOD OF TIME.

NO (0) YES (1)

C67  
C68  
C69  
C70  
C71  
C72  
C73  
C74  
C75

- MUCH MORE PHYSICALLY ACTIVE \_\_\_\_\_
- MUCH MORE SOCIALLY ACTIVE \_\_\_\_\_
- MUCH MORE SEXUALLY ACTIVE \_\_\_\_\_
- PRESSURE TO KEEP TALKING \_\_\_\_\_
- MUCH LESS SLEEP (1 to 2 HOURS) \_\_\_\_\_
- EASILY DISTRACTED \_\_\_\_\_
- FELT MUCH BETTER THAN YOU ACTUALLY WERE \_\_\_\_\_
- IDEAS COMING AND GOING VERY FAST \_\_\_\_\_
- WENT ON BUYING SPREES OR MADE FOOLISH BUSINESS INVESTMENTS \_\_\_\_\_

INTERVIEWER: Code number of symptoms

C76 C77

HOW OLD WERE YOU THE FIRST TIME YOU HAD SUCH A PERIOD AS THIS?

C78 C79

\_\_\_\_\_ Years of Age \_\_\_\_\_ DK/DNA (88) \_\_\_\_\_ N/R (99)

C80

DID THIS EVER SERIOUSLY INTERFERE WITH YOUR LIFE?

(0) \_\_\_ No (1) \_\_\_ Yes (8) \_\_\_ DK/DNA (9) \_\_\_ N/R

IF YES, WHAT SPECIFIC PROBLEMS RESULTED? \_\_\_\_\_  
\_\_\_\_\_

01 02

03 04 05 06

07 08

NOW SOME QUESTIONS ABOUT UNUSUAL EXPERIENCES PEOPLE SOMETIMES HAVE.

09

62. WERE YOU EVER CONVINCED THAT YOU WERE SPECIAL AND THAT PEOPLE WERE PLOTTING TO HARM YOU

- (0)  No
- (1)  Yes, But Only When Drunk or Abusing Drugs.
- (2)  Yes, Occurred When Not Drinking or Abusing Drugs.

Please describe: \_\_\_\_\_

10 11

IF YOU WERE NOT USING ALCOHOL OR DRUGS, HOW OLD WERE YOU THE FIRST TIME THIS HAPPENED?

\_\_\_\_\_ Years Old.

12

63. DID YOU EVER FEEL AS IF YOUR MIND WAS BEING MANIPULATED OR ACTUALLY CONTROLLED BY SOME UNUSUAL OR MYSTERIOUS FORCE?

- (0)  No
- (1)  Yes, But Only When Drunk or Abusing Drugs
- (2)  Yes, Occurred When Not Drinking or Abusing Drugs

Please describe: \_\_\_\_\_

13 14

IF YOU WERE NOT USING ALCOHOL OR DRUGS, HOW OLD WERE YOU THE FIRST TIME THIS HAPPENED?

\_\_\_\_\_ Years Old

15

64. HAVE YOU EVER FELT INFLUENCED IN UNUSUAL WAYS, SUCH AS BY MACHINES, HYPNOSIS, RADAR WAVES, RADIO, TELEVISION, OR NEWSPAPERS?

- (0)  No
- (1)  Yes, But Only When Drunk or Abusing Drugs
- (2)  Yes, Occurred When Not Drinking or Abusing Drugs

Please describe: \_\_\_\_\_

16 17

IF YOU WERE NOT USING ALCOHOL OR DRUGS, HOW OLD WERE YOU THE FIRST TIME THIS HAPPENED?

\_\_\_\_\_ Years Old

18

65. HAVE YOU EVER HEARD VOICES THAT OTHER PEOPLE COULDN'T HEAR? SEEN THINGS? FELT THINGS?

- (0)  No
- (1)  Yes, But Only When Drunk or Abusing Drugs
- (2)  Yes, Occurred When Not Drinking or Abusing Drugs

Please describe: \_\_\_\_\_

19 20

IF YOU WERE NOT USING ALCOHOL, OR DRUGS, HOW OLD WERE YOU THE FIRST TIME THIS HAPPENED?

\_\_\_\_\_ Years Old

NEXT WE HAVE SOME QUESTIONS ABOUT YOUR FAMILY BACKGROUND.

66. UNTIL YOUR EIGHTEENTH BIRTHDAY, HOW MANY YEARS WERE YOU RAISED BY YOUR:

<u>    </u>	Real (biologic) Father	<u>        </u> Years
<u>D21</u> <u>D22</u>		
<u>    </u>	Another father, such as a foster father, stepfather, adoptive father or relative	<u>        </u> Years
<u>D23</u> <u>D24</u>		
<u>    </u>	Real (biologic) mother	<u>        </u> Years
<u>D25</u> <u>D26</u>		
<u>    </u>	Another mother, such as a foster mother, stepmother, adoptive mother or relative	<u>        </u> Years
<u>D27</u> <u>D28</u>		

<u>    </u>	67. HOW MANY FULL BROTHERS DO YOU HAVE (i.e., THE SAME MOTHER AND FATHER AS YOU)?	<u>        </u> Brothers
<u>D29</u>	(Lived to their 18th birthday)	
<u>    </u>	68. HOW MANY FULL SISTERS DO YOU HAVE (i.e., THE SAME MOTHER AND FATHER AS YOU)?	<u>        </u> Sisters
<u>D30</u>	(Lived to their 18th birthday)	
<u>    </u>	69. HOW MANY HALF BROTHERS DO YOU HAVE WHO LIVED TO THEIR 18th BIRTHDAY?	<u>        </u> Half-brothers
<u>D31</u>	(A HALF BROTHER HAS ONLY ONE PARENT THAT IS THE SAME AS YOUR OWN)	
<u>    </u>	70. HOW MANY HALF SISTERS DO YOU HAVE WHO LIVED TO THEIR 18th BIRTHDAY?	<u>        </u> Half-sisters
<u>D32</u>	(A HALF SISTER HAS ONLY ONE PARENT THAT IS THE SAME AS YOUR OWN)	

NOW SOME QUESTIONS ABOUT YOUR CLOSE RELATIVES--YOUR REAL PARENTS, ADOPTIVE PARENTS, FULL BROTHERS AND SISTERS, HALF BROTHERS AND SISTERS, AND YOUR NATURAL CHILDREN.

71. HAVE ANY OF YOUR CLOSE RELATIVES EVER BEEN DEPRESSED FOR TWO WEEKS OR MORE SO THAT THEY COULD NOT CARRY ON THEIR USUAL ACTIVITIES?

     (0)      No      (1)      Yes      IF YES, FILL OUT THE ANSWERS FOR EACH OF YOUR RELATIVES WHO HAVE BEEN DEPRESSED FOR TWO WEEKS OR MORE.

D33

		DEPRESSED NO (0) YES (1)	HOW OLD THE FIRST TIME	HOW OLD NOW
<u>D34</u> <u>D35</u> <u>D36</u> <u>D37</u> <u>D38</u>	REAL FATHER	<u>    </u> <u>    </u>	<u>    </u> <u>    </u>	<u>    </u> <u>    </u>
<u>D39</u> <u>D40</u> <u>D41</u> <u>D42</u> <u>D43</u>	REAL MOTHER	<u>    </u> <u>    </u>	<u>    </u> <u>    </u>	<u>    </u> <u>    </u>
<u>D44</u> <u>D45</u> <u>D46</u> <u>D47</u> <u>D48</u>	ADOPTIVE FATHER	<u>    </u> <u>    </u>	<u>    </u> <u>    </u>	<u>    </u> <u>    </u>
<u>D49</u> <u>D50</u> <u>D51</u> <u>D52</u> <u>D53</u>	ADOPTIVE MOTHER	<u>    </u> <u>    </u>	<u>    </u> <u>    </u>	<u>    </u> <u>    </u>
<u>D54</u> <u>D55</u> <u>D56</u> <u>D57</u> <u>D58</u>	ANY FULL BROTHER	<u>    </u> <u>    </u>	<u>    </u> <u>    </u>	<u>    </u> <u>    </u>
<u>D59</u> <u>D60</u> <u>D61</u> <u>D62</u> <u>D63</u>	A SECOND FULL BROTHER	<u>    </u> <u>    </u>	<u>    </u> <u>    </u>	<u>    </u> <u>    </u>
<u>D64</u> <u>D65</u> <u>D66</u> <u>D67</u> <u>D68</u>	ANY FULL SISTER	<u>    </u> <u>    </u>	<u>    </u> <u>    </u>	<u>    </u> <u>    </u>
<u>D69</u> <u>D70</u> <u>D71</u> <u>D72</u> <u>D73</u>	A SECOND FULL SISTER	<u>    </u> <u>    </u>	<u>    </u> <u>    </u>	<u>    </u> <u>    </u>
<u>D74</u> <u>D75</u> <u>D76</u> <u>D77</u> <u>D78</u>	ANY HALF BROTHER	<u>    </u> <u>    </u>	<u>    </u> <u>    </u>	<u>    </u> <u>    </u>
<u>E1</u> <u>E2</u>				
<u>E3</u> <u>E4</u> <u>E5</u> <u>E6</u>				
<u>E7</u> <u>E8</u>				
<u>9</u> <u>E10</u> <u>E11</u> <u>E12</u> <u>E13</u>	A SECOND HALF BROTHER	<u>    </u> <u>    </u>	<u>    </u> <u>    </u>	<u>    </u> <u>    </u>
<u>E14</u> <u>E15</u> <u>E16</u> <u>E17</u> <u>E18</u>	ANY HALF SISTER	<u>    </u> <u>    </u>	<u>    </u> <u>    </u>	<u>    </u> <u>    </u>
<u>E19</u> <u>E20</u> <u>E21</u> <u>E22</u> <u>E23</u>	A SECOND HALF SISTER	<u>    </u> <u>    </u>	<u>    </u> <u>    </u>	<u>    </u> <u>    </u>
<u>E24</u> <u>E25</u> <u>E26</u> <u>E27</u> <u>E28</u>	ANY SON	<u>    </u> <u>    </u>	<u>    </u> <u>    </u>	<u>    </u> <u>    </u>
<u>E29</u> <u>E30</u> <u>E31</u> <u>E32</u> <u>E33</u>	A SECOND SON	<u>    </u> <u>    </u>	<u>    </u> <u>    </u>	<u>    </u> <u>    </u>
<u>E34</u> <u>E35</u> <u>E36</u> <u>E37</u> <u>E38</u>	ANY DAUGHTER	<u>    </u> <u>    </u>	<u>    </u> <u>    </u>	<u>    </u> <u>    </u>
<u>E39</u> <u>E40</u> <u>E41</u> <u>E42</u> <u>E43</u>	A SECOND DAUGHTER	<u>    </u> <u>    </u>	<u>    </u> <u>    </u>	<u>    </u> <u>    </u>

INTERVIEWER: Review pages 6 and 7 if necessary.

FT F2  
 F3 F4 F5 F6  
 F7 F8

72. HAVE ANY OF YOUR CLOSE RELATIVES EVER SEEN A PSYCHIATRIST, PSYCHOLOGIST, OR OTHER MENTAL HEALTH WORKER FOR TREATMENT OF A NERVOUS OR EMOTIONAL PROBLEM? DON'T COUNT FAMILY COUNSELING SESSIONS.

F9

(0)      No      (1)      Yes

IF YES, FILL OUT THE ANSWERS FOR EACH OF YOUR RELATIVES WHO HAVE SEEN A PSYCHIATRIST, PSYCHOLOGIST OR OTHER MENTAL HEALTH WORKER FOR TREATMENT OF A NERVOUS OR EMOTIONAL PROBLEM.

	No (0)	Yes (1)	HOW OLD THE FIRST TIME	HOW OLD NOW	WHAT WERE THEIR SYMPTOMS
F10 F11 F12 F13 F14 F15	_____	_____	_____	_____	_____
F16 F17 F18 F19 F20 F21	_____	_____	_____	_____	_____
F22 F23 F24 F25 F26 F27	_____	_____	_____	_____	_____
F28 F29 F30 F31 F32 F33	_____	_____	_____	_____	_____
F34 F35 F36 F37 F38 F39	_____	_____	_____	_____	_____
F40 F41 F42 F43 F44 F45	_____	_____	_____	_____	_____
F46 F47 F48 F49 F50 F51	_____	_____	_____	_____	_____
F52 F53 F54 F55 F56 F57	_____	_____	_____	_____	_____
F58 F59 F60 F61 F62 F63	_____	_____	_____	_____	_____
F64 F65 F66 F67 F68 F69	_____	_____	_____	_____	_____
F70 F71 F72 F73 F74 F75	_____	_____	_____	_____	_____
G1 G2	_____	_____	_____	_____	_____
G3 G4 G5 G6	_____	_____	_____	_____	_____
G7 G8	_____	_____	_____	_____	_____
G9 G10 G11 G12 G13 G14	_____	_____	_____	_____	_____
G15 G16 G17 G18 G19 G20	_____	_____	_____	_____	_____
G21 G22 G23 G24 G25 G26	_____	_____	_____	_____	_____
G27 G28 G29 G30 G31 G32	_____	_____	_____	_____	_____
G33 G34 G35 G36 G37 G38	_____	_____	_____	_____	_____
A SECOND HALF SISTER	_____	_____	_____	_____	_____
ANY SON	_____	_____	_____	_____	_____
A SECOND SON	_____	_____	_____	_____	_____
ANY DAUGHTER	_____	_____	_____	_____	_____
A SECOND DAUGHTER	_____	_____	_____	_____	_____

Code for symptoms:

- (1) Alcohol
- (2) Drugs
- (3) Depression
- (4) Loss of contact with reality
- (5) Anxiety, fear, nervousness
- (6) Antisocial problems
- (7) Other life problems

INTERVIEWER: For antisocial problems, probe for possible antisocial personality (antisocial difficulties with home, police, peers and school beginning prior to age 16). Record below.

Probe for hyperactive child.

73. HAVE ANY OF YOUR CLOSE RELATIVES EVER BEEN A PATIENT IN A MENTAL HOSPITAL OR IN A GENERAL HOSPITAL FOR TREATMENT OF A NERVOUS OR MENTAL PROBLEM?

639

(0) No (1) Yes

IF YES, FILL OUT THE ANSWERS FOR EACH OF YOUR RELATIVES WHO HAVE BEEN A PATIENT IN A MENTAL HOSPITAL OR IN A GENERAL HOSPITAL FOR TREATMENT OF A NERVOUS OR MENTAL PROBLEM?

	HOSPITALIZED?		HOW OLD THE FIRST TIME	HOW OLD NOW	WHAT WERE THEIR SYMPTOMS
	No (0)	Yes (1)			
REAL FATHER	_____	_____	_____	_____	_____
REAL MOTHER	_____	_____	_____	_____	_____
ADOPTIVE FATHER	_____	_____	_____	_____	_____
ADOPTIVE MOTHER	_____	_____	_____	_____	_____
ANY FULL BROTHER	_____	_____	_____	_____	_____
A SECOND FULL BROTHER	_____	_____	_____	_____	_____
H1 H2					
H3 H4 H5 H6					
H7 H8					
ANY FULL SISTER	_____	_____	_____	_____	_____
A SECOND FULL SISTER	_____	_____	_____	_____	_____
ANY HALF BROTHER	_____	_____	_____	_____	_____
A SECOND HALF BROTHER	_____	_____	_____	_____	_____
ANY HALF SISTER	_____	_____	_____	_____	_____
A SECOND HALF SISTER	_____	_____	_____	_____	_____
ANY SON	_____	_____	_____	_____	_____
A SECOND SON	_____	_____	_____	_____	_____
ANY DAUGHTER	_____	_____	_____	_____	_____
A SECOND DAUGHTER	_____	_____	_____	_____	_____

Code for symptoms:

- (1) Alcohol
- (2) Drugs
- (3) Depression
- (4) Loss of contact with reality
- (5) Anxiety, fear, nervousness
- (6) Antisocial problems
- (7) Other life problems

INTERVIEWER: For loss of contact with reality, ask age first time and if they ever recovered. Note below.

THE FOLLOWING IS A LIST OF PROBLEMS THAT PEOPLE MIGHT HAVE BECAUSE OF THEIR OWN DRINKING:

Marital Separation or Divorce Because of Their Drinking.

Laid Off from Work or Fired Because of Their Drinking.

Two or More Drunk Driving Arrests Because of Their Drinking.

Two or More Arrests for Public Intoxication, Drunk and Disorderly Conduct, Etc. Because of Their Drinking.

Doctor Said Alcohol Had Harmed Their Health.

74. HAVE ANY OF YOUR CLOSE RELATIVES EVER HAD ANY OF THESE PROBLEMS?

(0)      No      (1)      Yes

IF YES, FILL OUT THE ANSWERS FOR EACH OF YOUR RELATIVES WHO HAVE HAD THESE PROBLEMS.

		DRINKING PROBLEM		HOW OLD THE	HOW OLD	NUMBER OF PROBLEMS
		No (0)	Yes (1)	FIRST TIME	NOW	
H69						
I1 I2						
I3 I4 I5 I6						
I7 I8						
I9 I10 I11 I12 I13 I14	REAL FATHER	_____	_____	_____	_____	_____
I15 I16 I17 I18 I19 I20	REAL MOTHER	_____	_____	_____	_____	_____
I21 I22 I23 I24 I25 I26	ADOPTIVE FATHER	_____	_____	_____	_____	_____
I27 I28 I29 I30 I31 I32	ADOPTIVE MOTHER	_____	_____	_____	_____	_____
I33 I34 I35 I36 I37 I38	ANY FULL BROTHER	_____	_____	_____	_____	_____
I39 I40 I41 I42 I43 I44	A SECOND FULL BROTHER	_____	_____	_____	_____	_____
I45 I46 I47 I48 I49 I50	ANY FULL SISTER	_____	_____	_____	_____	_____
I51 I52 I53 I54 I55 I56	A SECOND FULL SISTER	_____	_____	_____	_____	_____
I57 I58 I59 I60 I61 I62	ANY HALF BROTHER	_____	_____	_____	_____	_____
I63 I64 I65 I66 I67 I68	A SECOND HALF BROTHER	_____	_____	_____	_____	_____
I69 I70 I71 I72 I73 I74	ANY HALF SISTER	_____	_____	_____	_____	_____
K1 K2						
K3 K4 K5 K6						
K7 K8						
K9 K10 K11 K12 K13 K14	A SECOND HALF SISTER	_____	_____	_____	_____	_____
K15 K16 K17 K18 K19 K20	ANY SON	_____	_____	_____	_____	_____
K21 K22 K23 K24 K25 K26	A SECOND SON	_____	_____	_____	_____	_____
K27 K28 K29 K30 K31 K32	ANY DAUGHTER	_____	_____	_____	_____	_____
K33 K34 K35 K36 K37 K38	A SECOND DAUGHTER	_____	_____	_____	_____	_____

INTERVIEWER: Probe for antisocial personality (antisocial difficulties with home, police, peers, and school beginning prior to age 16). Record below.



THE FOLLOWING IS A LIST OF PROBLEMS THAT PEOPLE MIGHT HAVE BECAUSE OF THEIR OWN DRUG MISUSE

- Marital Separation or Divorce Because of Their Drug Use.
- Laid Off From Work or Fired Because of Their Drug Use.
- Two or More Arrests Because of Their Use of Drugs Other Than Marijuana.
- Doctor Said Drugs Had Harmed Their Health.
- Used Drugs Intravenously (by needle).

75. HAVE ANY OF YOUR CLOSE RELATIVES EVER HAD ANY OF THESE PROBLEMS?

(0)      No      (1)      Yes

IF YES, FILL OUT THE ANSWERS FOR EACH OF YOUR RELATIVES WHO HAVE HAD THESE PROBLEMS.

	DRUG PROBLEM		HOW OLD-THE FIRST TIME	HOW OLD NOW	NUMBER OF PROBLEMS
	No (0)	Yes (1)			
<u>K39</u>					
REAL FATHER	_____	_____	_____	_____	_____
REAL MOTHER	_____	_____	_____	_____	_____
ADOPTIVE FATHER	_____	_____	_____	_____	_____
ADOPTIVE MOTHER	_____	_____	_____	_____	_____
ANY FULL BROTHER	_____	_____	_____	_____	_____
A SECOND FULL BROTHER	_____	_____	_____	_____	_____
<u>K40</u> <u>K41</u> <u>K42</u> <u>K43</u> <u>K44</u> <u>K45</u>					
<u>K46</u> <u>K47</u> <u>K48</u> <u>K49</u> <u>K50</u> <u>K51</u>					
<u>K52</u> <u>K53</u> <u>K54</u> <u>K55</u> <u>K56</u> <u>K57</u>					
<u>K58</u> <u>K59</u> <u>K60</u> <u>K61</u> <u>K62</u> <u>K63</u>					
<u>K64</u> <u>K65</u> <u>K66</u> <u>K67</u> <u>K68</u> <u>K69</u>					
<u>K70</u> <u>K71</u> <u>K72</u> <u>K73</u> <u>K74</u> <u>K75</u>					
<u>L1</u> <u>L2</u>					
<u>L3</u> <u>L4</u> <u>L5</u> <u>L6</u>					
<u>L7</u> <u>L8</u>					
ANY FULL SISTER	_____	_____	_____	_____	_____
A SECOND FULL SISTER	_____	_____	_____	_____	_____
ANY HALF BROTHER	_____	_____	_____	_____	_____
A SECOND HALF BROTHER	_____	_____	_____	_____	_____
ANY HALF SISTER	_____	_____	_____	_____	_____
A SECOND HALF SISTER	_____	_____	_____	_____	_____
ANY SON	_____	_____	_____	_____	_____
A SECOND SON	_____	_____	_____	_____	_____
ANY DAUGHTER	_____	_____	_____	_____	_____
A SECOND DAUGHTER	_____	_____	_____	_____	_____

INTERVIEWER: Probe for antisocial personality (antisocial difficulties with home, police, peers, and school beginning prior to age 16). Record on face sheet.

76. DID ANY OF YOUR CLOSE RELATIVES HAVE ANY OTHER DRUG PROBLEMS?

(0)      No      (1)      Yes

IF YES, TELL US WHICH RELATIVES, THEIR PRESENT AGE AND WHAT PROBLEM THEY HAD.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

M1 M2

M3 M4 M5 M6

M7 M8

NOW WE HAVE SOME QUESTIONS ABOUT YOUR MORE DISTANT RELATIVES. WE ARE REFERRING TO YOUR GRANDPARENTS AND THE FULL AUNTS AND UNCLAS WHO ARE RELATED TO YOU BY BLOOD.

77. FIRST, YOUR REAL MOTHER'S SIDE OF THE FAMILY:

A) HAVE EITHER OF YOUR MOTHER'S PARENTS EVER HAD ANY OF THE FOLLOWING PROBLEMS BECAUSE OF ALCOHOL OR DELIBERATE ABUSE OF DRUGS?

- Marital Separation or Divorce Because of Their Drinking or Drug Taking.
- Laid Off from Work or Fired Because of Their Drinking or Drug Taking.
- Two or More Drunk Driving Arrests Because of Their Drinking or Drug Taking.
- Two or More Arrests for Public Intoxication, Drunk and Disorderly Conduct, Etc., Because of Their Drinking or Drug Taking.
- Doctor Said Alcohol or Drugs Had Actually Harmed Their Health.
- Repeatedly Unable to Care for the House or the Family Because of Their Alcohol or Drug Use.

\_\_\_ No(0) \_\_\_ Yes(1)

IF YES, MOTHER'S MOTHER

\_\_\_ Had Alcohol Problems Listed Above (1)  
\_\_\_ Had Drug Problems Listed Above (1)

INTERVIEWER: If both, determine which is primary.

IF YES, MOTHER'S FATHER

\_\_\_ Had Alcohol Problems Listed Above (1)  
\_\_\_ Had Drug Problems Listed Above (1)

B) HAVE ANY OF YOUR MOTHER'S FULL BROTHERS OR SISTERS (YOUR BLOOD RELATED UNCLAS AND AUNTS) HAD ANY OF THESE ALCOHOL OR DRUG PROBLEMS?

\_\_\_ No(0) \_\_\_ Yes(1) (Probe for blood relatives.)

IF YES, MOTHER'S BROTHER(S)

\_\_\_ Number of Uncles with Alcohol Problem(s) listed above  
\_\_\_ Number of Uncles with Drug Problem(s) listed above

IF YES, MOTHER'S SISTER(S)

\_\_\_ Number of Aunts with Alcohol Problem(s) listed above  
\_\_\_ Number of Aunts with Drug Problem(s) listed above

C) HAVE EITHER OF YOUR MOTHER'S PARENTS EVER BEEN PSYCHIATRICALY HOSPITALIZED FOR PROBLEMS OTHER THAN DRINKING OR DRUGS?

\_\_\_ No(0) \_\_\_ Yes(1)

IF YES, MOTHER'S MOTHER \_\_\_ No(0) \_\_\_ Yes (1)

IF YES, MOTHER'S FATHER \_\_\_ No(0) \_\_\_ Yes (1)

D) HAVE ANY OF YOUR MOTHER'S FULL BROTHERS OR SISTERS (YOUR BLOOD RELATED UNCLAS AND AUNTS) EVER BEEN PSYCHIATRICALY HOSPITALIZED FOR PROBLEMS OTHER THAN DRINKING OR DRUGS?

\_\_\_ No(0) \_\_\_ Yes(1)

IF YES, MOTHER'S BROTHER(S) \_\_\_ Number of Uncles who were hospitalized.

IF YES, MOTHER'S SISTER(S) \_\_\_ Number of Aunts who were hospitalized.

E) HAVE EITHER OF YOUR MOTHER'S PARENTS EVER HAD OTHER PSYCHIATRIC PROBLEMS LIKE ATTEMPTED SUICIDE OR A NERVOUS BREAKDOWN?

\_\_\_ No(0) \_\_\_ Yes(1)

IF YES, MOTHER'S MOTHER \_\_\_ No(0) \_\_\_ Yes (1) EXPLAIN IN DETAIL: \_\_\_\_\_

IF YES, MOTHER'S FATHER \_\_\_ No(0) \_\_\_ Yes (1) \_\_\_\_\_

F) HAVE ANY OF YOUR MOTHER'S FULL BROTHERS OR SISTERS (YOUR BLOOD RELATED UNCLAS AND AUNTS) EVER HAD OTHER PSYCHIATRIC PROBLEMS LIKE ATTEMPTED SUICIDE OR A NERVOUS BREAKDOWN?

\_\_\_ No(0) \_\_\_ Yes(1)

IF YES, MOTHER'S BROTHER(S) \_\_\_ Number of Uncles who had other problems.

IF YES, MOTHER'S SISTER(S) \_\_\_ Number of Aunts who had other problems.

EXPLAIN IN DETAIL: \_\_\_\_\_

70. NOW, YOUR REAL FATHER'S SIDE OF THE FAMILY:

- A) HAVE EITHER OF YOUR FATHER'S PARENTS EVER HAD ANY OF THE FOLLOWING PROBLEMS BECAUSE OF ALCDHOL OR DELIBERATE ABUSE OF DRUGS?

Marital Separation or Divorce Because of Their Drinking or Drug Taking.  
Laid Off From Work or Fired Because of Their Drinking or Drug Taking.  
Two or More Drunk Driving Arrests Because of Their Drinking or Drug Taking.  
Two or More Arrests for Public Intoxication, Drunk and Disorderly Conduct,  
Etc., Because of Their Drinking or Drug Taking.  
Doctor Said Alcohol or Drugs Had Actually Harmed Their Health.  
Repeatedly Unable to Care for the House or the Family Because of Their  
Alcohol or Drug Use.

\_\_\_ No (0) \_\_\_ Yes (1)

IF YES, FATHER'S MOTHER

\_\_\_ Had Alcohol Problems Listed Above (1)  
\_\_\_ Had Drug Problems Listed Above (1)

INTERVIEWER: If both,  
determine which is  
primary.

FATHER'S FATHER

\_\_\_ Had Alcohol Problems Listed Above (1)  
\_\_\_ Had Drug Problems Listed Above (1)

- B) HAVE ANY OF YOUR FATHER'S FULL BROTHERS OR SISTERS (YOUR BLOOD RELATED UNCLAS AND AUNTS HAD ANY OF THESE ALCOHOL OR DRUG PROBLEMS?

\_\_\_ No (0) \_\_\_ Yes (1) (Probe for blood relatives.)

IF YES, FATHER'S BROTHER(S)

\_\_\_ Number of Uncles with Alcohol Problem(s) listed above.  
\_\_\_ Number of Uncles with Drug Problem(s) listed above.

FATHER'S SISTER(S)

\_\_\_ Number of Aunts with Alcohol Problem(s) listed above.  
\_\_\_ Number of Aunts with Drug Problem(s) listed above.

- C) HAVE EITHER OF YOUR FATHER'S PARENTS EVER BEEN PSYCHIATRICALY HOSPITALIZED FOR PROBLEMS OTHER THAN DRINKING OR DRUGS?

\_\_\_ No(0) \_\_\_ Yes(1)

IF YES, FATHER'S MOTHER \_\_\_ No(0) \_\_\_ Yes(1)

IF YES, FATHER'S FATHER \_\_\_ No(0) \_\_\_ Yes(1)

- D) HAVE ANY OF YOUR FATHER'S FULL BROTHERS OR SISTERS (YOUR BLOOD RELATED UNCLAS AND AUNTS) EVER BEEN PSYCHIATRICALY HOSPITALIZED FOR PROBLEMS OTHER THAN DRINKING OR DRUGS?

\_\_\_ No(0) \_\_\_ Yes(1)

IF YES, FATHER'S BROTHER(S) \_\_\_ Number of Uncles who were hospitalized?

IF YES, FATHER'S SISTER(S) \_\_\_ Number of Aunts who were hospitalized?

- E) HAVE EITHER OF YOUR FATHER'S PARENTS EVER HAD OTHER PSYCHIATRIC PROBLEMS LIKE ATTEMPTED SUICIDE OR A NERVOUS BREAKDOWN?

\_\_\_ No(0) \_\_\_ Yes(1)

IF YES, FATHER'S MOTHER \_\_\_ No(0) \_\_\_ Yes(1) EXPLAIN IN DETAIL: \_\_\_\_\_

IF YES, FATHER'S FATHER \_\_\_ No(0) \_\_\_ Yes(1) \_\_\_\_\_

- F) HAVE ANY OF YOUR FATHER'S FULL BROTHERS OR SISTERS (YOUR BLOOD RELATED UNCLAS AND AUNTS) EVER HAD OTHER PSYCHIATRIC PROBLEMS LIKE ATTEMPTED SUICIDE OR A NERVOUS BREAKDOWN?

\_\_\_ No(0) \_\_\_ Yes (1)

IF YES, FATHER'S BROTHER(S) \_\_\_ Number of Uncles who had other problems

IF YES, FATHER'S SISTER(S) \_\_\_ Number of Aunts who had other problems

EXPLAIN IN DETAIL: \_\_\_\_\_

FINALLY, I HAVE A SERIES OF QUESTIONS ABOUT YOUR PARENTS EXPERIENCES BEFORE YOU WERE BORN. I'M ASKING THIS LAST BECAUSE I KNOW YOU'LL PROBABLY HAVE TO GUESS AT SOME OF THESE. YOU CAN MAKE YOUR GUESS BASED ON YOUR PARENTS USUAL BEHAVIORS WHILE YOU WERE GROWING UP OR INFORMATION SOMEONE MIGHT HAVE TOLD YOU.

79. PRIOR TO YOUR BIRTH DID YOUR MOTHER OR FATHER HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS?

		FATHER		MOTHER			
		(0)No	(1)Yes	(0)No	(1)Yes		
M41 M42 M43 M44 M45 M46 M47 M48 M49 M50	(Father)	1. STROKE	_____	_____	_____	_____	HAND OUT CARD
		2. RHEUMATIC HEART DISEASES	_____	_____	_____	_____	
		3. HIGH BLOOD PRESSURE	_____	_____	_____	_____	
		4. CONGENITAL HEART DISEASE	_____	_____	_____	_____	
		5. ASTHMA	_____	_____	_____	_____	
		6. EMPHYSEMA	_____	_____	_____	_____	
		7. ARTHRITIS	_____	_____	_____	_____	
		8. DIABETES	_____	_____	_____	_____	
		9. THYROID DISEASE	_____	_____	_____	_____	
		10. COLOR BLINDNESS	_____	_____	_____	_____	
M51 M52 M53 M54 M55 M56 M57 M58 M59 M60	(Mother)	11. BLINDNESS NEEDING TREATMENT	_____	_____	_____	_____	
		12. DEAFNESS NEEDING TREATMENT	_____	_____	_____	_____	
		13. CATARACTS NEEDING TREATMENT	_____	_____	_____	_____	
		14. GLAUCOMA NEEDING TREATMENT	_____	_____	_____	_____	
		15. CANCER OF THE SKIN	_____	_____	_____	_____	
		16. OTHER CANCERS	_____	_____	_____	_____	
		17. KIDNEY STONES	_____	_____	_____	_____	
		18. OTHER KIDNEY DISEASE	_____	_____	_____	_____	
		19. GOUT	_____	_____	_____	_____	
		20. STOMACH ULCERS	_____	_____	_____	_____	
		21. GALLSTONES	_____	_____	_____	_____	
		22. HEPATITIS	_____	_____	_____	_____	
		23. OVER 20 LBS. OVERWEIGHT	_____	_____	_____	_____	
		24. OTHER INFECTIOUS DISEASES: _____	_____	_____	_____	_____	
		25. ANY OTHERS? WHAT: _____	_____	_____	_____	_____	

NOW A SERIES OF QUESTIONS ABOUT YOUR PARENTS EATING AND DRINKING HABITS PRIOR TO YOUR BIRTH. FIRST I'LL ASK YOU ABOUT THINGS PRIOR TO YOUR MOTHER'S PREGNANCY AND THEN ABOUT THINGS DURING HER PREGNANCY.

80. TO THE BEST OF YOUR KNOWLEDGE, IN THE YEAR PRIOR TO THE PREGNANCY WHAT WERE THEIR HABITS REGARDING:

		FATHER	MOTHER
M61 M62	HOW MANY DAYS A WEEK WOULD THEY DRINK COFFEE	_____	_____
M63 M64	HOW MANY CUPS OF COFFEE PER DRINKING DAY WERE THEY LIKELY TO HAVE	_____	_____
M65 M66	HOW MANY DAYS A WEEK WOULD THEY DRINK TEA	_____	_____
M67 M68	HOW MANY CUPS OF TEA PER DAY WERE THEY LIKELY TO HAVE	_____	_____
M69 M70	HOW MANY DAYS A WEEK WOULD THEY DRINK COLA	_____	_____
M71 M72	HOW MANY CUPS OF COLA PER DAY WERE THEY LIKELY TO HAVE	_____	_____
M73 M74	HOW MANY DAYS A WEEK WERE THEY LIKELY TO DRINK ALCOHOL BEVERAGES	_____	_____
M75 M76	HOW MANY DRINKS WERE THEY LIKELY TO HAVE ON A DRINKING DAY (NOTE: 1 DRINK=4 OZ. WINE, 12 OZ. BEER, A SINGLE SHOT-MIXED DRINK)	_____	_____
M77 M78	HOW MANY DAYS A WEEK WERE THEY LIKELY TO SMOKE CIGARETTES	_____	_____
M79 M80			
M81 M82			
M83 M84			
M85 M86			
M87 M88			
M89 M90	HOW MANY CIGARETTES PER DAY	_____	_____

81. WHAT WOULD YOU ESTIMATE TO BE YOUR PARENTS EATING HABITS IN THE YEAR PRIOR TO THE PREGNANCY?

CODE: POOR (1)

N13 FATHER \_\_\_\_\_ LESS THAN OPTIMAL (2)  
 N14 MOTHER \_\_\_\_\_ OPTIMAL (3)

82. IN THE YEAR PRIOR TO THE PREGNANCY DID YOUR FATHER SMOKE CIGARS?

N15 (0) No IF YES, HOW MANY PER DAY? \_\_\_\_\_ CIGARS

83. IN THE YEAR PRIOR TO THE PREGNANCY DID YOUR FATHER SMOKE A PIPE?

N16 (0) No IF YES, HOW MANY PIPEFULS PER DAY? \_\_\_\_\_ PIPES

84. IN THE YEAR PRIOR TO THE PREGNANCY, WERE EITHER OF YOUR PARENTS LIKELY TO TAKE ANY OF THE FOLLOWING SUBSTANCES ONCE A WEEK OR MORE OR AT LEAST 10 DAYS IN A ROW?

		FATHER		MOTHER		
		No	Yes	No	Yes	
N17	N18 (Father)	1.	HIGH BLOOD PRESSURE, PILLS	—	—	HAND OUT CARD
N19	N20	2.	WATER PILLS (DIURETIC)	—	—	
N21	N22	3.	ASTHMA MEDICINES	—	—	
N23	N24	4.	ANTIHISTAMINES	—	—	
N25	N26	5.	ASPIRIN LIKE DRUGS	—	—	
		6.	INSULIN	—	—	
		7.	ORAL DIABETIC MEDICINES	—	—	
		8.	THYROID PILLS	—	—	
		9.	MARIJUANA	—	—	
		10.	HALLUCINOGENS LIKE LSD	—	—	
		11.	GOUT PILLS	—	—	
N27	N28 (Mother)	12.	ANTIBIOTICS	—	—	
N29	N30	13.	STOMACH PILLS FOR ULCERS	—	—	
N31	N32	14.	ANTACID	—	—	
N33	N34	15.	SLEEPING PILLS	—	—	
N35	N36	16.	TRANQUILIZERS LIKE VALIUM, LIBRIUM	—	—	
		17.	TRANQUILIZERS LIKE THORAZINE, STELAZINE, ETC.	—	—	
		18.	STIMULANTS LIKE AMPHETAMINE, DIET PILLS, ETC.	—	—	
		19.	ANY OTHERS? EXPLAIN: _____	—	—	

85. IN THE YEAR PRIOR TO THE PREGNANCY WERE EITHER YOUR MOTHER OR FATHER WORKING IN A PLACE WHERE THEY WERE LIKELY TO BE AROUND ANY OF THE FOLLOWING CONDITIONS?

		FATHER		MOTHER		
		No	Yes	No	Yes	
N37	N38 (Father)	1.	CHEMICALS, CLEANING FLUIDS OR SOLVENTS	—	—	HAND OUT CARD
N39	N40	2.	INSECT OR PLANT SPRAYS	—	—	
N41	N42	3.	AMMONIA, CHLORINE, OZONE, OR NITROUS GASES	—	—	
N43	N44	4.	ENGINE EXHAUST FUMES (MORE THAN 2 HRS. A DAY)	—	—	
N45	N46	5.	PLASTIC OR RESIN FUMES	—	—	
		6.	LEAD FUMES OR METAL FUMES	—	—	
		7.	ASBESTOS, CEMENT, OR GRAIN DUSTS	—	—	
		8.	SILICA, SANDBLASTING, GRINDING OR ROCK DRILLING DUST	—	—	
N47	N48 (Mother)	9.	X-RAY OR RADIOACTIVITY	—	—	
N49	N50	10.	ULTRAVIOLET RADIATION	—	—	
N51	N52	11.	EXTREME HEAT	—	—	
N53	N54	12.	DRY CLEANING	—	—	
N55	N56	13.	OTHER ADVERSE CONDITIONS? EXPLAIN: _____	—	—	

N57 86. HOW MANY MONTHS WAS YOUR MOTHER PREGNANT WITH YOU? \_\_\_\_\_ MONTHS

87. DURING HER PREGNANCY, DO YOU KNOW IF SHE HAD ANY OF THE FOLLOWING PROBLEMS?

		YES	NO	
N58 N59	1. GERMAN MEASLES	---	---	HAND OUT CARD
N60 N61	2. CHICKEN POX	---	---	
N62 N63	3. MONONUCLEOSIS	---	---	
N64 N65	4. SHINGLES	---	---	
N66 N67	5. POLIO	---	---	
	6. RHEUMATIC FEVER	---	---	
	7. BRONCHITIS	---	---	
	8. PNEUMONIA	---	---	
	9. TUBERCULOSIS	---	---	
	10. KIDNEY BLADDER INFECTION	---	---	
	11. HEPATITIS	---	---	
	12. INTESTINAL INFECTION WITH PARASITES	---	---	
	13. ANEMIA	---	---	
	14. MUMPS	---	---	
	15. TEETH PROBLEMS	---	---	
	16. OBESITY (20 LBS. OVERWEIGHT)	---	---	
	17. OTHER INFECTIOUS DISEASES: _____	---	---	
	18. ANY OTHERS? WHAT: _____	---	---	

88. TO THE BEST OF YOUR KNOWLEDGE, DURING HER PREGNANCY WHAT WERE HER HABITS REGARDING:

N68 HOW MANY DAYS A WEEK WOULD SHE DRINK COFFEE \_\_\_\_\_

N69 HOW MANY CUPS OF COFFEE PER DRINKING DAY LIKELY TO HAVE \_\_\_\_\_

N70 HOW MANY DAYS A WEEK WOULD SHE DRINK TEA \_\_\_\_\_

N71 HOW MANY CUPS OF TEA PER DAY WAS SHE LIKELY TO HAVE \_\_\_\_\_

N72 HOW MANY DAYS A WEEK WOULD SHE DRINK COLA \_\_\_\_\_

N73 HOW MANY CUPS OF COLA PER DAY WAS SHE LIKELY TO HAVE \_\_\_\_\_

N74 HOW MANY DAYS A WEEK WAS SHE LIKELY TO DRINK ALCOHOL BEVERAGES \_\_\_\_\_

N75 HOW MANY DRINKS WAS SHE LIKELY TO HAVE ON A DRINKING DAY (NOTE: 1 DRINK=4 OZ. WINE, 12 OZ. BEER, A SINGLE SHOT-MIXED DRINK) \_\_\_\_\_

N76 HOW MANY DAYS A WEEK WAS SHE LIKELY TO SMOKE CIGARETTES \_\_\_\_\_

N77 N78 HOW MANY CIGARETTES PER DAY \_\_\_\_\_

89. ESTIMATE YOUR MOTHER'S EATING HABITS DURING THE PREGNANCY.

N79 \_\_\_\_\_ POOR (1) \_\_\_\_\_ LESS THAN OPTIMAL (2) \_\_\_\_\_ OPTIMAL (3)

P1 P2

P3 P4 P5 P6

P7 P8

90. DURING THE PREGNANCY, TO THE BEST OF YOUR KNOWLEDGE, DID YOUR MOTHER TAKE ANY DRUGS?

P9 DRUGS: PRESCRIBED \_\_\_\_\_ No (0) \_\_\_\_\_ Yes (1) \_\_\_\_\_

P10 DRUGS: STREET \_\_\_\_\_ No (0) \_\_\_\_\_ Yes (1) \_\_\_\_\_

91 . TO THE BEST OF YOUR KNOWLEDGE, HOW MANY TIMES WAS YOUR MOTHER LIKELY TO HAVE HAD X-RAYS OF ANY KIND DURING THE PREGNANCY?

P11

\_\_\_\_\_ TIMES

92 . DURING THE PREGNANCY, DID YOUR MOTHER WORK IN A PLACE WHERE SHE WAS LIKELY TO BE AROUND ANY OF THE FOLLOWING SUBSTANCES AT LEAST ONCE A WEEK?

P12 P13

P14 P15

P16 P17

P18 P19

P20 P21

1. CHEMICALS, CLEANING FLUIDS OR SOLVENTS
2. INSECT OR PLANT SPRAYS
3. AMMONIA, CHLORINE, OZONE, OR NITROUS GASES
4. ENGINE EXHAUST FUMES (MORE THAN 2 HOURS A DAY)
5. PLASTIC OR RESIN FUMES
6. LEAD FUMES OR METAL FUMES
7. ASBESTOS, CEMENT, OR GRAIN DUSTS
8. SILICA, SANDBLASTING, GRINDING OR ROCK DRILLING DUST
9. X-RAY OR RADIOACTIVITY
10. ULTRAVIOLET RADIATION
11. EXTREME HEAT
12. DRY CLEANING

YES

NO

HAND OUT CARD

\_\_\_\_\_  
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THANK YOU FOR ALL YOUR HELP. THAT'S THE END OF THE QUESTIONS I HAVE. ARE THERE ANY SECTIONS WE SHOULD GO OVER AGAIN? DO YOU HAVE ANY QUESTIONS FOR ME?

ALCOHOL TREATMENT PROGRAM (ATP)  
FAMILY HISTORY FOLLOW-UP INTERVIEW

- Author: Marc A. Schuckit
- Assessment Areas Covered: Drinking history, demographics, alcohol consumption, drug use, drug-use-related problems, life functioning, level of functioning, mental health, physical health, employment, antisocial behavior, family relations
- Administration: Face-to-face structured interview (approximately 20 minutes), voluntary, identifying data is collected, at followup
- Design Features: A highly structured interview to be used by a trained interviewer who is expected to probe for incomplete answers and inconsistencies; 102 multiple-choice, completion, and yes/no items
- Abstract: This highly structured instrument was developed to determine the level of functioning in the 12 months after completion of an ATP program. The material covered includes identifying data and demography but places an emphasis on drug and alcohol patterns and problems as well as overall life functionings. The data generated from this interview can be used to develop an outcome score in each of nine life areas, as well as a total outcome level of functioning.
- Related Published Reports: Schuckit, M.A. A study of alcoholics with secondary depression. American Journal of Psychiatry, 140:711-714, 1983.
- Schuckit, M.A.; Morrison, C.R.; and Gold, E.O. A pragmatic alcoholism treatment outcome scale. American Journal of Drug and Alcohol Abuse, 10:125-131, 1983.
- Schuckit, M.A. The relationship between the course of primary alcoholism and family history. Journal of Studies on Alcohol, 45:1-8, 1984.
- Schuckit, M.A. Primary alcoholics with histories of suicide attempts. American Journal of Psychiatry, in press.
- Schuckit, M.A. A one-year follow-up of alcoholics given disulfiram. Journal of Studies on Alcohol, 46(3), 1985.
- Availability Source: Marc A. Schuckit, M.D., Department of Psychiatry (116A), Veterans Administration Medical Center, 3350 La Jolla Village Drive, San Diego, California 92161. There is no fee for use.



ATP FAMILY HISTORY FOLLOW-UP INTERVIEW

INTRODUCTION

The staff of the San Diego Veterans Administration Medical Center is now engaged in a follow-up of some patients who were seen about one year ago. We are interested in learning as much as we can about how people who were treated here have done over the last year.

Thank you for taking the time to help us. I'll now ask you some questions about \_\_\_\_\_. If anything is unclear please don't hesitate to interrupt me.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ INTERVIEW # \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

SPOUSE'S (SIGNIFICANT OTHER'S) NAME \_\_\_\_\_

SPOUSE'S (SIGNIFICANT OTHER'S) ADDRESS \_\_\_\_\_

SPOUSE'S (SIGNIFICANT OTHER'S) PHONE NUMBER \_\_\_\_\_

NAME, ADDRESS & PHONE NUMBER OF ANOTHER PERSON WHO MIGHT KNOW <sup>him</sup> SOMETHING ABOUT HIS BACKGROUND AND MIGHT KEEP IN TOUCH WITH ~~YOU~~ OVER THE NEXT 3 TO 5 YEARS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A1 A2

A3 A4 A5 A6

A7 A8

FIRST, SOME QUESTIONS ABOUT BACKGROUND.

A9 A10

A11 A12

1. \_\_\_\_\_ is \_\_\_\_\_ years old. Is that correct? \_\_\_\_\_

2. WHAT WAS HIS USUAL OCCUPATION OVER THE LAST YEAR? (Interviewer: please describe as completely as possible what it is. Write this description below and then circle the closest category).

- (01) \_\_\_\_\_ Doctor, Lawyer, Ph.D., Artist, Musician, Clergyman or Other Professional
- (02) \_\_\_\_\_ Teacher, Engineer, Military Officer, Social Worker, Accountant
- (03) \_\_\_\_\_ Owner of Large Business, Executive, Bank, Etc.
- (04) \_\_\_\_\_ Owner of Small Business, Law Enforcement, Police Officer, Management.
- (05) \_\_\_\_\_ Bookkeeper, Salesman, Real Estate/Insurance Agent, Other Clerical-Sales, Etc.
- (06) \_\_\_\_\_ Skilled and Semi-Skilled: Carpenter, Mechanic, Electrician, Plumber, Enlisted Military, Etc.
- (07) \_\_\_\_\_ Unskilled: Janitor, Laborer, Truck Driver, Odd Jobs, Farm Hand, Waiter, Bartender, Etc.
- (09) \_\_\_\_\_ Service: Maid or Butler
- (10) \_\_\_\_\_ Housewife
- (11) \_\_\_\_\_ Other - Explain Specific Job and Degree or Training Required:

3. WHAT IS HIS PRESENT MARITAL STATUS?

A13

- (1) \_\_\_\_\_ Single
- (2) \_\_\_\_\_ Married
- (3) \_\_\_\_\_ Widowed
- (4) \_\_\_\_\_ Separated
- (5) \_\_\_\_\_ Divorced

4. HOW MANY TIMES HAS HE BEEN MARRIED?

A14

(0) \_\_\_\_\_ None or \_\_\_\_\_ Actual Number of Times

5. WHAT IS HIS PRESENT RELIGION?

A15

- (1) \_\_\_\_\_ Baptist
- (2) \_\_\_\_\_ Methodist
- (3) \_\_\_\_\_ Lutheran
- (4) \_\_\_\_\_ Episcopalian
- (5) \_\_\_\_\_ Other Protestaat
- (6) \_\_\_\_\_ Catholic
- (7) \_\_\_\_\_ Jewish
- (8) \_\_\_\_\_ Other---Which one? \_\_\_\_\_
- (9) \_\_\_\_\_ Nooe

6. IS HE CURRENTLY PRACTICING HIS RELIGION?

A16

(0) \_\_\_\_\_ No (1) \_\_\_\_\_ Yes

7. WHAT DOES HE CONSIDER TO BE HIS ETHNIC ORIGIN?

A17

- (1) \_\_\_\_\_ Mexican-American/Chicano
- (2) \_\_\_\_\_ Puerto Rican
- (3) \_\_\_\_\_ Other Caucasian/White
- (4) \_\_\_\_\_ Negro/Black
- (5) \_\_\_\_\_ American Indian/Native American
- (6) \_\_\_\_\_ Oriental
- (7) \_\_\_\_\_ Malayan/Filipino
- (8) \_\_\_\_\_ Eskimo

ON THE AVERAGE OVER THE LAST 6 MONTHS:

A18

8. WHO WAS HE USUALLY LIVING WITH? (Check one only)

- (0)  Alone
- (1)  Spouse or Children
- (2)  Other Relatives
- (3)  Spouse or Children and Other Relatives
- (4)  With Spouse or Children & Friends
- (5)  With Other Relatives & Friends
- (6)  With Spouse or Children & Other Relatives and Friends
- (7)  Other: Please explain: \_\_\_\_\_
- (8)  \_\_\_\_\_

A19

9. WHERE WAS HE USUALLY LIVING? (Check one only)

- (0)  No Special Place
- (1)  In a Single Rented Room in a Motel
- (2)  In a Rooming House
- (3)  In an Apartment
- (4)  In a Trailer
- (5)  In a House
- (6)  YMCA
- (7)  Half-way House
- (8)  Other

A20 A21 A22 A23

10. What is the longest time he's been in his major living place this past 6 months?  
\_\_\_\_\_ Months \_\_\_\_\_ Days

A24

11. HOW MANY DAYS A WEEK WOULD HE READ THE NEWSPAPER?

- (0)  None or If yes: \_\_\_\_\_ Days a Week

A25

12. HOW MANY TIMES A WEEK WOULD HE ENGAGE IN AN ATHLETIC EVENT OR GAME (TENNIS, JOGGING, BASEBALL, ETC.)?

- (0)  None or If yes: \_\_\_\_\_ Times a Week

A26

13. HOW MANY DAYS A WEEK WOULD HE SPEND TIME WORKING ON A HOBBY?

- (0)  None or If yes: \_\_\_\_\_ Days a Week

A27

14. HOW MANY TIMES A WEEK WOULD HE ATTEND A SOCIAL GATHERING (PARTY, CLUB, ETC.)?

- (0)  None or If yes: \_\_\_\_\_ Times a Week

A28

15. HOW MANY DAYS A WEEK DID HE USUALLY SEE HIS SPOUSE (OR MOST RECENT SPOUSE IF HE IS DIVORCED)?

- \_\_\_\_\_ Actual Number of Days or (9)  Not applicable; he never married.

A29

16. IF HE HAS NEVER BEEN MARRIED, DOES HE HAVE A GIRLFRIEND HE SEES DAILY OR WITH WHOM HE LIVES?

- (0)  No (1)  Yes

IF YES, HOW LONG HAS HE BEEN GOING WITH THIS PERSON?

A30 A31 A32 A33

\_\_\_\_\_ Months \_\_\_\_\_ Days

A34

17. HOW MANY DAYS A WEEK DOES HE USUALLY SEE ANY OF HIS CHILDREN?

- \_\_\_\_\_ Actual Number of Days or (9)  Not Applicable; he does not have any children.

NOW FOR SOME QUESTIONS ABOUT HIS WORK HISTORY.

A35

18. IS HE CURRENTLY (THIS LAST WEEK) EMPLOYED? IF NOT, WHY? \_\_\_\_\_

- (0)  No (Not Related to Alcohol)
- (1)  No (Related to Alcohol)
- (2)  Yes, employed.

19. HERE IS A LIST OF POSSIBLE AREAS OF FINANCIAL SUPPORT:

- (1)  Veteran's Compensation, Pension or Retirement
- (2)  Social Security
- (3)  County Aid (ATD, AFDC, GR)
- (4)  State Unemployment Insurance
- (5)  Salary From His Job
- (6)  Savings
- (7)  Family or Spouse's Support
- (8)  None
- (9)  Other. Please Explain: \_\_\_\_\_

A36

WHICH WAS HIS HIGHEST SOURCE OF INCOME OVER THE LAST SIX MONTHS? \_\_\_\_\_

A37

WHICH WAS HIS SECOND HIGHEST SOURCE OF INCOME OVER THE LAST SIX MONTHS? \_\_\_\_\_

A38

WHICH WAS HIS THIRD HIGHEST SOURCE OF INCOME OVER THE LAST SIX MONTHS? \_\_\_\_\_

20. OVER THE LAST 6 MONTHS HOW MANY DAYS DID HE WORK? (120 working days of 4 weeks/month and 5 days/week)

A39 A40 A41

FULL-TIME (8 hours per day) PART-TIME (less than 8 hours per day)  
21. WHAT WAS HIS AVERAGE TOTAL MONTHLY INCOME OVER THE LAST 6 MONTHS?

A42 A43 A44 A45

Average Monthly Income  
22. IN THIS LAST YEAR, WHAT IS THE LONGEST TIME HE EVER HELD A SPECIFIC FULL-TIME JOB?  
Months.

A46 A47

23. HAS HE BEEN FIRED FROM A JOB THIS YEAR? (Don't count from alcohol related problems.)  
(0) No or If yes: Actual Number of Times  
IF YES, WHY?

A48 A49

24. AT TIMES DURING THE INTERVIEW I'LL WANT TO KNOW ABOUT HOW MUCH TROUBLE  
HAD WHEN HE WAS ACTUALLY DRINKING. TO DO THAT I'LL ASK ABOUT PROBLEMS DURING THE MOST RECENT  
30 DAY PERIOD HE WAS DRINKING. WHEN WAS HIS MOST RECENT 30 DAYS OF DRINKING? FROM  
TO I'LL CALL THIS HIS LAST DRINKING MONTH. DURING THESE 30 DAYS, HOW  
MANY DAYS OF WORK DID HE MISS BECAUSE OF DRINKING DAYS. (NOTE - RELATES  
TO THIS LAST YEAR ONLY).  
20-missed all days of work  
88-not working this last 30 days  
99-not drinking this last 30 days

A50 A51

NOW A FEW QUESTIONS ABOUT ANY LEGAL PROBLEMS HE MAY HAVE HAD RECENTLY.

25. OVER THIS LAST YEAR, HAS HE HURT ANYONE IN A FIGHT BADLY ENOUGH SO THAT THEY NEEDED TO SEE A DOCTOR?

A52

(0) No or If yes: The Actual Number of Times in All  
IF YES, DID HE EVER DO THIS WHEN INTOXICATED?

A53

(0) No or If yes: The Actual Number of Times When Intoxicated.

26. EXCEPT IN MILITARY ACTION OR BATTLE, HAS HE USED A WEAPON IN A FIGHT LIKE A GUN, A KNIFE, A CLUB OR BOARD, ETC. DURING THIS LAST YEAR?

A54

(0) No or If yes: The Actual Number of Times in All

A55

IF YES, DID HE EVER DO THIS WHEN HE WAS INTOXICATED?  
(0) No or The Actual Number of Times When Intoxicated.

27. HOW MANY MOVING TRAFFIC VIOLATIONS HAS HE HAD DURING THE LAST YEAR? (Don't count alcohol related violations.)

A56

(0) None or If yes: Actual Number of Violations This Last Year.  
Actual Number of Violations This Last 6 MONTHS

A57

28. IN THE LAST YEAR, HAS HE BEEN ARRESTED FOR A CRIMINAL OFFENSE? DON'T COUNT DRIVING WHILE INTOXICATED OR DRUNKENNESS ARRESTS.

A58 A59

(00) No or If yes, how many times? in the last year.  
in the last 6 months.

A60 A61

29. DURING THE LAST YEAR HAS HE SPENT THE NIGHT IN JAIL FOR ANY REASON?

A62

(0) No (1) Yes IF YES, WHAT IS THE LONGEST TIME HE HAS EVER BEEN IN JAIL AT ONE STRETCH THIS LAST YEAR?

A63 A64 A65

A66 A67 A68

A69 A70 A71

A72

A73

30. HOW MANY NIGHTS TOTAL HAS HE SPENT IN JAIL IN THE LAST 6 MONTHS? Nights.

31. IS HE PRESENTLY ON POLICE PROBATION OR AWAITING A POLICE HEARING OR TRIAL?

(0) No (1) Yes IF YES, EXPLAIN:  
IF YES, IS THIS THE SAME PROBLEM HE WAS ON PROBATION OR AWAITING A HEARING WHEN HE WAS WITH US A YEAR AGO?

(0) No (1) Yes (9) Not Applicable. wasn't on probation.

B1 B2

B3 B4 B5 B6

B7 B8

NEXT WE WOULD LIKE INFORMATION ABOUT HIS RECENT ALCOHOL-RELATED PROBLEMS.

B9 B10

32. DURING THE LAST 30 DAYS HE DRANK THIS YEAR, ON HOW MANY DAYS DID HE HAVE AN ARGUMENT WITH HIS SPOUSE (OR SIGNIFICANT OTHER) WHILE DRINKING? Remember, this question concerns \_\_\_\_\_ to \_\_\_\_\_. (See Q.24, P.3)

\_\_\_\_\_ Days

B11

33. WITHIN THE LAST DRINKING MONTH, DID ALCOHOL CAUSE A PROBLEM FOR HIM WITH: HIS SPOUSE? (0) \_\_\_ No (1) \_\_\_ Yes (9) \_\_\_ Not Applicable; he's not married.

B12

HIS CHILDREN? (0) \_\_\_ No (1) \_\_\_ Yes (9) \_\_\_ Not Applicable; he has no children

B13

HIS JOB? (0) \_\_\_ No (1) \_\_\_ Yes (9) \_\_\_ No Applicable; he has no job.

B14

HIS HEALTH? (0) \_\_\_ No (1) \_\_\_ Yes

B15

THE POLICE? (0) \_\_\_ No (1) \_\_\_ Yes

B16

ANY OTHER PROBLEMS? (0) \_\_\_ No (1) \_\_\_ Yes

B17

PLEASE EXPLAIN WHAT THOSE PROBLEMS ARE: \_\_\_\_\_

OVER THE LAST YEAR:

34. WAS HE DEMOTED ON A JOB BECAUSE OF DRINKING?

B18 B19

(00) \_\_\_ Never HOW MANY TIMES DID THIS HAPPEN THIS LAST YEAR? \_\_\_\_\_ Number of Times.

B20 B21

HOW MANY TIMES IN THE LAST SIX MONTHS? \_\_\_\_\_ Number of Times.

B22 B23

HOW MANY TIMES IN THE LAST (DRINKING) MONTH? \_\_\_\_\_ Number of Times.

B24

35. WAS HE FIRED BECAUSE OF DRINKING?

B25 B26

(00) \_\_\_ Never HOW MANY TIMES DID THIS HAPPEN THIS LAST YEAR? \_\_\_\_\_ Number of Times.

B27 B28

HOW MANY TIMES IN THE LAST SIX MONTHS? \_\_\_\_\_ Number of Times.

B29 B30

HOW MANY TIMES IN THE LAST (DRINKING) MONTH? \_\_\_\_\_ Number of Times.

36. HAS HE HAD AN AUTO ACCIDENT BECAUSE OF DRINKING?

B31 B32

(00) \_\_\_ Never HOW MANY TIMES DID THIS HAPPEN THIS LAST YEAR? \_\_\_\_\_ Number of Times

B33 B34

HOW MANY TIMES IN THE LAST SIX MONTHS? \_\_\_\_\_ Number of Times

B35 B36

HOW MANY TIMES IN THE LAST (DRINKING) MONTH? \_\_\_\_\_ Number of Times

37. WAS HE PICKED UP FOR DRUNK DRIVING?

B37 B38

(00) \_\_\_ Never HOW MANY TIMES DID THIS HAPPEN THIS LAST YEAR? \_\_\_\_\_ Number of Times

B39 B40

HOW MANY TIMES IN THE LAST SIX MONTHS? \_\_\_\_\_ Number of Times

B41 B42

HOW MANY TIMES IN THE LAST (DRINKING) MONTH? \_\_\_\_\_ Number of Times

38. WAS HE ARRESTED FOR PUBLIC INTOXICATION, DRUNK AND DISORDERLY CONDUCT, OR ANY OTHER NON-DRIVING ALCOHOL ARREST?

B43 B44

(00) \_\_\_ Never HOW MANY TIMES DID THIS HAPPEN THIS LAST YEAR? \_\_\_\_\_ Number of Times

B45 B46

HOW MANY TIMES IN THE LAST SIX MONTHS? \_\_\_\_\_ Number of Times

B47 B48

HOW MANY TIMES IN THE LAST (DRINKING) MONTH? \_\_\_\_\_ Number of Times

OVER THE LAST YEAR:

39. WAS HE SEPARATED 1 MONTH OR MORE OR DIVORCED FROM HIS SPOUSE BECAUSE OF HIS DRINKING PROBLEM?

B49 B50 (00) Never HOW MANY TIMES DID THIS HAPPEN THIS LAST YEAR? \_\_\_\_\_ Number of Times.  
 HOW MANY TIMES IN THE LAST SIX MONTHS? \_\_\_\_\_ Number of Times.  
 B51 B52 HOW MANY TIMES IN THE LAST (DRINKING) MONTH? \_\_\_\_\_ Number of Times.  
 B53 B54

40. HAS HE GONE TO THE HOSPITAL BECAUSE OF DRINKING? (Do not count accidents.)

B55 B56 (00) Never HOW MANY TIMES DID THIS HAPPEN THIS LAST YEAR? \_\_\_\_\_ Number of Times.  
 B57 B58 HOW MANY TIMES IN THE LAST SIX MONTHS? \_\_\_\_\_ Number of Times.  
 B59 B60 HOW MANY TIMES IN THE LAST (DRINKING) MONTH? \_\_\_\_\_ Number of Times.

41. HAS A DOCTOR TOLD HIM ALCOHOL HAD HARMED HIS HEALTH?

B61 B62 (00) Never HOW MANY TIMES DID THIS HAPPEN THIS LAST YEAR? \_\_\_\_\_ Number of Times.  
 B63 B64 HOW MANY TIMES IN THE LAST SIX MONTHS? \_\_\_\_\_ Number of Times.  
 B65 B66 HOW MANY TIMES IN THE LAST (DRINKING) MONTH? \_\_\_\_\_ Number of Times.

42. HAS HE SPENT A NIGHT IN JAIL (8 or more hours) BECAUSE OF ALCOHOL?

B67 B68 (00) Never HOW MANY TIMES DID THIS HAPPEN THIS LAST YEAR? \_\_\_\_\_ Number of Times.  
 B69 B70 HOW MANY TIMES IN THE LAST SIX MONTHS? \_\_\_\_\_ Number of Times.  
 B71 B72 HOW MANY TIMES IN THE LAST (DRINKING) MONTH? \_\_\_\_\_ Number of Times.

43. HAS HE HAD ANY OF THE FOLLOWING PROBLEMS RELATED TO ALCOHOL OVER THE LAST YEAR?

	NO	IF YES: # LAST YEAR	# LAST 6 MOS.	# LAST DRINKING MO.
B73 B74 B75 B76 B77 B78 C1 C2 C3 C4 C5 C6 C7 C8 DRINKING 12+ HOURS STRAIGHT	---	_____	_____	_____
C9 C10 C11 C12 C13 C14 C15 C16 C17 C18 C19 C20 C21 C22 C23 C24 C25 C26 MISSED 2+ CONSECUTIVE MEALS BECAUSE OF DRINKING	---	_____	_____	_____
C27 C28 C29 C30 C31 C32 C33 C34 C35 C36 C37 C38 FELT HE HAD "LOST CONTROL" OF HIS DRINKING	---	_____	_____	_____
C39 C40 C41 C42 C43 C44 TAKEN A DRINK BEFORE NOON	---	_____	_____	_____
C45 C46 C47 C48 C49 C50 C51 C52 C53 C54 C55 C56 HAD SHAKES THE "MORNING AFTER"	---	_____	_____	_____
C57 C58 C59 C60 C61 C62 C63 C64 C65 C66 C67 C68 HALLUCINATIONS (SEEING, HEARING, OR FEELING THINGS THAT WEREN'T THERE)	---	_____	_____	_____
C69 C70 C71 C72 C73 C74 C75 CONVULSIONS (LOSING CONSCIOUSNESS AND FALLING ONTO THE FLOOR WITH A JERKING MOVEMENT OF HIS ARMS AND LEGS)	---	_____	_____	_____
VOMITING BLOOD	---	_____	_____	_____
BLACKOUTS (CAN'T REMEMBER WHAT HE DID WHILE HE WAS DRINKING)	---	_____	_____	_____
DOCTOR SAID HE HAD PANCREATITIS	---	_____	_____	_____
DOCTOR SAID HE HAD LIVER PROBLEMS	---	_____	_____	_____
SAW A DOCTOR, PSYCHOLOGIST, SOCIAL WORKER, OR COUNSELOR TO HELP HIM STOP DRINKING (other than VA)	---	_____	_____	_____
44. ARE THERE ANY OTHER PROBLEMS HE'S HAD WITH ALCOHOL THAT WE HAVEN'T ASKED ABOUT?	---	_____	_____	_____
(0) <u>No</u> (1) <u>Yes</u> IF YES, PLEASE EXPLAIN _____				

D1 D2

D3 D4 D5 D6

D7 D8

45. WHAT IS THE LONGEST PERIOD OF TIME IN WEEKS THAT HE HAS PARTICIPATED IN ALCOHOLICS ANONYMOUS AT LEAST ONCE A WEEK DURING THIS LAST YEAR? \_\_\_\_\_ WEEKS.

D9 D10

46. WHAT IS THE LONGEST TIME IN DAYS HE HAS STAYED ON THE WAGON (ABSTAINED) AT ONE TIME SINCE LEAVING OUR PROGRAM A YEAR AGO? \_\_\_\_\_ Days.

D11 D12 D13

47. IN THE LAST 6 MONTHS WHAT IS THE LONGEST PERIOD OF TIME HE HAS STAYED ON THE WAGON? (6 months = 180 days) \_\_\_\_\_ Days.

D14 D15 D16

48. IN THE LAST MONTH WHAT IS THE LONGEST PERIOD OF TIME HE HAS STAYED ON THE WAGON? (1 month = 30 days). \_\_\_\_\_ Days.

D17 D18

49. OVER THE LAST YEAR WHAT IS THE LONGEST TIME IN DAYS HE HAS BEEN ABLE TO DRINK IN A "CONTROLLED WAY" WITHOUT GETTING DRUNK OR GETTING INTO TROUBLE OR PASSING OUT? \_\_\_\_\_ Days.

D19 D20 D21

50. OUT OF THE LAST SIX MONTHS, HOW MANY MONTHS DID HE TAKE A DRINK IN? \_\_\_\_\_ Months.

D22

51. IN THE MONTHS HE WAS DRINKING, HOW MANY DAYS ON THE AVERAGE WOULD HE TAKE A DRINK? \_\_\_\_\_ Days.

D23 D24

52. OVER THE LAST 6 MONTHS, IN THE AVERAGE 24-HOUR PERIOD HE WAS DRINKING, HOW MANY DRINKS WOULD HE HAVE? \_\_\_\_\_ Drinks. NOTE: 1 Single Mixed Drink = 1 Drink

D25 D26

1 12 oz. Beer = 1 Drink

FOR WHISKEY:

1 Shot = 1 Drink

a Pint = 10 Drinks

a Fifth = 16 Drinks

FOR WINE:

1 4 oz. wine = 1 Drink

a Pint = 3 Drinks

a Fifth = 6 Drinks

a Half-gallon = 15 Drinks

53. OVER THE LAST 6 MONTHS, WHAT DO YOU ESTIMATE TO BE THE MOST NUMBER OF DRINKS HE HAS HAD IN 24 HOURS?

D27 D28

\_\_\_\_\_ Drinks.

54. IN HIS LAST DRINKING MONTH, HOW MANY DAYS DID HE TAKE A DRINK IN? \_\_\_\_\_ Days.

D29 D30

55. IN HIS LAST DRINKING MONTH, IN THE AVERAGE 24-HOUR PERIOD HE WAS DRINKING, HOW MANY DRINKS WOULD HE HAVE? \_\_\_\_\_ Drinks (Interviewer: See chart in #52.)

D31 D32

56. IN HIS LAST DRINKING MONTH, WHAT WAS THE MOST NUMBER OF DRINKS HE HAD IN 24 HOURS. \_\_\_\_\_ Drinks.

D33 D34

NOW I WANT TO UNDERSTAND MORE ABOUT \_\_\_\_\_ EXPERIENCE WITH ALCOHOL TREATMENT PROGRAMS THIS LAST YEAR.

FIRST, SOME QUESTIONS ABOUT HIS EXPERIENCES WITH OUR PROGRAM

D35 D36

57. HOW MANY TIMES DID HE VISIT HIS CONTACT PERSON OR TAKE PART IN OUR AFTERCARE PROGRAM? \_\_\_\_\_ Times WHO IS HIS CONTACT PERSON? \_\_\_\_\_

58. HOW LONG (IN WEEKS) AFTER HIS DISCHARGE ON \_\_\_\_\_ DID HE STOP CONTACT WITH OUR AFTERCARE PROGRAM? \_\_\_\_\_ Weeks.

D37 D38

59. SINCE DISCHARGE A YEAR AGO, WAS HE EVER TREATED AGAIN AT THE SAN DIEGO VA ALCOHOL TREATMENT PROGRAM? \_\_\_\_\_

D39

60. DID OUR PROGRAM SEND HIM TO A LIVE-IN HALFWAY HOUSE? (0) No (1) Yes IF YES, , HOW MANY NIGHTS DID HE STAY THERE OVER THE LAST YEAR? \_\_\_\_\_ NIGHTS.

D40 D41 D42

NOW SOME QUESTIONS ABOUT \_\_\_\_\_ EXPERIENCES WITH OTHER ALCOHOL PROGRAMS.

D43 D44 D45

61. HAS HE RECEIVED ANY OTHER INPATIENT TREATMENT AT OTHER FACILITIES FOR ALCOHOL PROBLEMS SINCE LEAVING OUR PROGRAM ON \_\_\_\_\_? IF SO, WHAT? \_\_\_\_\_ (0) No (1) Yes (Don't count outpatient visits to our program or treatment in a half-way house if we referred him there.)

IF YES: IN THE LAST YEAR HOW MANY TIMES DID HE GO TO AN EMERGENCY ROOM BECAUSE OF A DRINKING PROBLEM? (Don't count County Detox. or physical health problems). \_\_\_\_\_ Times.

62. HOW MANY TIMES DID HE GO TO THE ALCOHOL SERVICE CENTER (County Detox)? \_\_\_\_\_ Times

D46 D47

- 048 049 63. HOW MANY TIMES THIS LAST YEAR HAS HE BEEN AN INPATIENT IN ANOTHER PROGRAM BECAUSE OF HIS DRINKING PROBLEM? (Don't count County Detox or physical health problems).  
 (00)        Never        or        Number of Times.
- 050 051 64. HOW LONG AGO, IN MONTHS, WAS THE LAST TIME HE WAS DISCHARGED FROM AN INPATIENT ALCOHOLISM TREATMENT PROGRAM? (Don't count his stay with us a year ago).  
 (00)        Never        or        Number of Months (99)        Never Treated
- 052 053 054 65. HOW MANY NIGHTS DID HE SPEND IN A HALF-WAY HOUSE (IF WE DIDN'T SEND HIM THERE?)        Nights.

NOW SOME QUESTIONS ABOUT HIS USE OF DRUGS OTHER THAN ALCOHOL OVER THE LAST YEAR.

HOW MANY TIMES IN THE LAST YEAR DO YOU ESTIMATE THAT HE HAS TAKEN THE FOLLOWING SUBSTANCES?

- 055 056 66. MARIJUANA (INCLUDING HASHISH AND THC)?  
 (00)        Never        or        Times.
- 057 058 67. HALLUCINOGENS (LSD, Mescaline, PEYOTE, MDA, DMT, PCP, STP, PSILOCYBIN, ETC.)?  
 (00)        Never        or        Times.
- 059 060 68. BARBITURATES AND DOWNERS, OR TRANQUILIZERS LIKE LIBRIUM, THAT WERE NOT PRESCRIBED FOR HIS USE, OR IF PRESCRIBED, WERE USED REGULARLY AT HIGHER LEVELS THAN PRESCRIBED?  
 (00)        Never        or        Times.
- 061 062 69. ORAL AMPHETAMINES, RITALIN, INTRAVENOUS METHEDRINE ("SPEED"), DESOXYN, DIET PILLS, AND OTHER AMPHETAMINES THAT WEREN'T PRESCRIBED FOR HIS USE; OR IF PRESCRIBED WERE USED REGULARLY AT HIGHER LEVELS THAN PRESCRIBED?  
 (00)        Never        or        Times.
- 063 064 70. OPIATES (HEROIN, PAREGORIC, ETC.)?  
 (00)        Never        or        Times.
- 065 066 71. SOLVENTS (GLUE, AEROSOLS, TOLUENE, GASOLINE, PAINT ETC.)?  
 (00)        Never        or        Times.
- 067 068 72. COCAINE?  
 (00)        Never        or        Times.
- 069 070 73. ARE THERE ANY OTHERS? IF YES, WHICH ONES? \_\_\_\_\_

74. HAS HE HAD ANY OF THE FOLLOWING PROBLEMS BECAUSE OF DRUG USE OTHER THAN ALCOHOL IN THE LAST YEAR?

- 071 (0)        No        Yes IF YES, CHECK ALL PROBLEMS HE HAS HAD: ( Code number of problems)
- MARITAL SEPARATION OR DIVORCE BECAUSE OF HIS DRUG USE.
  - LAID OFF FROM WORK OR FIRED BECAUSE OF HIS DRUG USE.
  - TWO OR MORE ARRESTS BECAUSE OF HIS USE OF DRUGS OTHER THAN MARIJUANA.
  - A DOCTOR HAS SAID THAT DRUGS HAVE HARMED HIS HEALTH.
  - USED DRUGS INTRAVENOUSLY

75. HAS HE HAD ANY OTHER DRUG PROBLEM? IF SO, WHAT? \_\_\_\_\_

76. IF YES, WHAT DRUGS WAS HE TAKING WHEN HE HAD THESE PROBLEMS? (Check all that were associated with the problem.)

- 074 (1)        Marijuana (including Hashish and THC)
- 075 (2)        Hallucinogens (LSD, Mescaline, Peyote, MDA, DMT, PCP, STP, Psilocybin, Etc.)
- (3)        Barbiturates and Downers that weren't Prescribed for your Use, Valium, Etc.
- (4)        Oral Amphetamines, Ritalin, Intravenous Methedrine ("Speed"), Desoxyn, Diet Pills, and Other Amphetamines that were n't Prescribed for your Use.
- (5)        Opiates (Heroin, Paregoric, Etc.)
- 076 (6)        Solvents ( Glue, Aerosole, Toluene, Amyl Nitrite, Etc.)
- (7)        Cocaine
- (8)        Other: \_\_\_\_\_

77. HOW MANY VISITS DID YOU HAVE TO AN OUTPATIENT ALCOHOL TREATMENT PROGRAM OTHER THAN THE SAN DIEGO V.A.?        Visits



E1 E2

E3 E4 E5 E6

E7 E8

NOW I HAVE SOME QUESTIONS ABOUT HIS PHYSICAL HEALTH.

77. HOW HAS HIS HEALTH BEEN THIS LAST YEAR? (1) Generally Bad (2) Generally Fair (3) Generally Good

E9

78. HOW MANY OPERATIONS HAS HE HAD THIS YEAR ?

E10

(0) None or Number of Operations

79. DOES HE HAVE ANY PRESENT MEDICAL PROBLEMS FOR WHICH HE IS TAKING MEDICATION?

E11 E12 E13 E14 E15

(0) No or IF YES, PLEASE EXPLAIN THE MEDICAL PROBLEM AND THE MEDICATION AND DOSAGE.

E16 E17 E18 E19

80. WAS HE ADMITTED TO A HOSPITAL FOR ANY MEDICAL PROBLEM THIS LAST YEAR (OTHER THAN OPERATIONS AS DISCUSSED ABOVE.)?

E20 E21

(00) No or Yes IF YES, HOW MANY NIGHTS IN ALL DID HE SPEND IN A HOSPITAL? Nights. WHAT FOR?

E22 E23

81. HOW MANY PHYSICIAN OR CLINICAL VISITS FOR MEDICAL PROBLEMS DID HE HAVE THIS LAST YEAR? Visits WHAT FOR?

NOW SOME QUESTIONS ABOUT ANY PHYSICAL, EMOTIONAL, OR PSYCHIATRIC PROBLEMS HE MAY HAVE HAD THIS LAST YEAR

E24

82. WAS HE TREATED BY A MENTAL HEALTH WORKER SUCH AS A PSYCHIATRIST, PSYCHOLOGIST OR SOCIAL WORKER? DO NOT COUNT TIMES HE WAS IN THE HOSPITAL OR THE MAJOR PROBLEM WAS ALCOHOL OR DRUGS. (Check all that apply). (Code to lowest number).

(0) No, Never Treated. (3) Yes, Social Worker (1) Yes, Psychiatrist (4) Yes, Other (2) Yes, Psychologist Please specify:

IF YES, WHY DID HE SEE THEM?

E25 E26

HOW MANY SESSIONS HAS HE HAD WITH ALL MENTAL HEALTH WORKERS ALTOGETHER THIS LAST YEAR? DO NOT COUNT TIMES WHEN HE WAS IN THE HOSPITAL; OR FOR ALCOHOL PROBLEMS WE'VE ALREADY DISCUSSED. Total Number of Sessions When Not in Hospital

E27 E28

83. WAS HE HOSPITALIZED FOR TREATMENT OF A MENTAL PROBLEM THIS YEAR? DON'T COUNT TIMES WHERE THE MAJOR PROBLEM WAS ALCOHOL OR DRUGS.

E29

(00) Never or Actual Number of Times THIS LAST YEAR WAS HE DEPRESSED, SAD, BLUE, DESPONDENT, HOPELESS, "DOWN IN THE DUMPS", IRRITABLE, FEARFUL, WORRIED, OR DISCOURAGED CONSTANTLY FOR TWO WEEKS OR LONGER? BE CERTAIN HE WAS DEPRESSED ALL DAY EVERY DAY FOR TWO WEEKS.

(0) No (1) Yes (2) Yes, But Only When Drinking or Abusing Drugs.

DID THIS PERIOD OF DEPRESSION SERIOUSLY INTERFERE OR CAUSE A MAJOR DISRUPTION IN HIS LIFE?

E30

(0) No (1) Yes IF YES, WHAT WAS THE SPECIFIC PROBLEM THAT RESULTED FROM THE DEPRESSION (i.e., failed a course, had to drop out of school, was fired from a job because of the depression)?

IF HE WAS DEPRESSED ALL DAY EVERY DAY FOR 2 WEEKS OR LONGER, DID HE HAVE ANY OF THE FOLLOWING SYMPTOMS OCCURRING FOR 2 WEEKS OR MORE DURING THE SAME PERIOD? IF HE WAS DEPRESSED FOR 2 WEEKS OR MORE ON MORE THAN ONE OCCASION, PLEASE ANSWER FOR THE EPISODE THAT WAS THE MOST SEVERE.

		NO (0)	YES (1)
E31	POOR APPETITE	_____	_____
E32	LOSS OF TWO OR MORE POUNDS A WEEK WHEN NOT DIETING	_____	_____
E33	SLEEP DIFFICULTY, TROUBLE SLEEPING, OR A SIGNIFICANT INCREASE IN SLEEP NEED	_____	_____
E34	SIGNIFICANT LOSS OF ENERGY, OR TIREDNESS	_____	_____
E35	LOSS OF INTEREST IN HIS USUAL ACTIVITIES	_____	_____
E36	DECREASE IN SEXUAL DRIVE	_____	_____
E37	FEELINGS OF SELF REPROACH OR GUILT	_____	_____
E38	INABILITY TO CONCENTRATE	_____	_____
E39	SLOW THINKING, OR MIXED-UP THOUGHTS	_____	_____
E40	RECURRENT THOUGHT OF DEATH OR SUICIDE	_____	_____
E41	THOUGHTS OF WISHING TO BE DEAD	_____	_____
E42	SUICIDE ATTEMPTS	_____	_____
E43	CRYING EASILY, TEARFULNESS, OR FEELING LIKE CRYING	_____	_____
E44	LOSS OF ABILITY TO EXPERIENCE OR EXPRESS JOY OR SORROW	_____	_____
E45	MORE THAN USUAL DIFFICULTY IN MAKING DECISIONS	_____	_____
E46	E47	INTERVIEWER: Code number of symptoms	____
85.	WAS HE TAKING ANY PRESCRIBED OR ILLEGAL DRUGS WHEN THIS PERIOD OF DEPRESSION BEGAN?		
E48	(0) _____ No	(1) _____ Yes	IF YES, WHAT DRUGS WAS HE TAKING AND WHAT WAS HIS FREQUENCY OF USE
	DRUG: _____	HOW OFTEN: _____	
	DRUG: _____	HOW OFTEN: _____	
	DRUG: _____	HOW OFTEN: _____	
86.	INTERVIEWER-SKIP TO QUESTION 87 IF THERE WAS NO DEPRESSION. THIS YEAR HAS HE BEEN EITHER EXTREMELY HAPPY OR EXTREMELY IRRITABLE CONSTANTLY FOR 24 HOURS A DAY FOR A PERIOD OF 2 WEEKS OR LONGER? DON'T COUNT TIMES HE WAS DRINKING HEAVILY OR TAKING DRUGS		
E49	(0) _____ No	(1) _____ Yes	IF YES, HAVE ANY OF THE FOLLOWING OCCURRED FOR TWO WEEKS OR LONGER DURING THAT PERIOD? ANSWER FOR THE WORST SUCH PERIOD IF THIS HAPPENED TO HIM MORE THAN ONCE. THESE MUST ALL OCCUR AT THE SAME PERIOD OF TIME.
E50	MUCH MORE PHYSICALLY ACTIVE	NO (0)	YES (1)
E51	MUCH MORE SOCIALLY ACTIVE	_____	_____
E52	MUCH MORE SEXUALLY ACTIVE	_____	_____
E53	PRESSURE TO KEEP TALKING	_____	_____
E54	MUCH LESS SLEEP (1 to 2 HOURS)	_____	_____
E55	EASILY DISTRACTED	_____	_____
E56	FELT MUCH BETTER THAN HE ACTUALLY WAS	_____	_____

- E57 IDEAS COMING AND GOING VERY FAST \_\_\_\_\_
- E58 WENT ON BUYING SPREES OR MADE FODDLISH BUSINESS INVESTMENTS \_\_\_\_\_

E59 E60 INTERVIEWER: Code number of symptoms.  
 DID THIS PERIOD OF EXTREME HAPPINESS OR EXTREME IRRITABILITY SERIOUSLY INTERFERE WITH HIS LIFE?  
 E61 (0)      No (1)      Yes IF YLS, WHAT SPECIFIC PROBLEMS RESULTED? \_\_\_\_\_

NOW SOME QUESTIONS ABOUT UNUSUAL EXPERIENCES PEOPLE SOMETIMES HAVE.

- E62 87. DURING THIS LAST YEAR WAS HE EVER CONVINCED THAT HE WAS SPECIAL AND THAT PEOPLE WERE PLOTTING TO HARM HIM?  
 (0)      No (1)      Yes, But Only When Drunk or Abusing Drugs  
 (2)      Yes Occurred When Not Drinking or Abusing Drugs  
 Please describe: \_\_\_\_\_
- E63 88. DURING THIS LAST YEAR DID HE FEEL AS IF HIS MIND WAS BEING MANIPULATED OR ACTUALLY CONTROLLED BY SOME UNUSUAL OR MYSTERIOUS FORCE?  
 (0)      No (1)      Yes, But Only When Drunk or Abusing Drugs  
 (2)      Yes, Occurred When Not Drinking or Abusing Drugs  
 Please describe: \_\_\_\_\_
- E64 89. DURING THIS LAST YEAR HAS HE FELT INFLUENCED IN UNUSUAL WAYS, SUCH AS BY MACHINES, HYPNOSIS, RADAR WAVES, RADIO, TELEVISION, OR NEWSPAPERS?  
 (0)      No (1)      Yes, But Only When Drunk or Abusing Drugs  
 (2)      Yes, Occurred When Not Drinking or Abusing Drugs  
 Please describe: \_\_\_\_\_
- E65 90. DURING THIS LAST YEAR HAS HE HEARD VOICES THAT OTHER PEOPLE COULDN'T HEAR? SEEN THINGS? FELT THINGS?  
 (0)      No (1)      Yes, But Only When Drunk or Abusing Drugs  
 (2)      Yes, Occurred When Not Drinking or Abusing Drugs  
 Please describe: \_\_\_\_\_
- E66 91. DURING THIS LAST YEAR WERE THERE ANY DAYS WHEN FOR 12+ HOURS HE WAS CONFUSED AND COULDN'T FUNCTION?  
 (0)      No (1)      Yes, But Only When Drunk or Abusing Drugs  
 (2)      Yes, Occurred When Not Drinking or Abusing Drugs  
 Please describe: \_\_\_\_\_

E67 92. IS THERE ANY OTHER INFORMATION YOU THINK WE SHOULD HAVE IN TRYING TO UNDERSTAND HOW HE'S DONE THIS LAST YEAR?  
 (0)      No (1)      Yes IF YES, WHAT? \_\_\_\_\_

E68 93. DO YOU FEEL OUR PROGRAM HELPED HIM?  
 (0)      No (1)      Yes IF YES, HOW? \_\_\_\_\_

E69 94. ARE THERE ANY WAYS YOU THINK WE SHOULD CHANGE THE PROGRAM?  
 (0)      No (1)      Yes IF SO, HOW? \_\_\_\_\_

THAT'S ALL THE QUESTIONS WE HAVE. THANK YOU FOR YOUR HELP.

INTERVIEWER, PLEASE NOW FILL IN THESE QUESTIONS

- E70 95. WHAT IS THE RELATIONSHIP OF THE RESPONDENT TO THE PATIENT? \_\_\_\_\_
- E71 E72 96. IN HOW MANY WEEKS OUT OF THE LAST 52 WEEKS DID THE RESPONDENT SEE OR TALK TO THE PATIENT? \_\_\_\_\_ Weeks.
- E73 97. WHO WAS THE INTERVIEWER? \_\_\_\_\_
- E74 98. HOW WAS THE INTERVIEW DONE?  
 1. In Person  
 2. By Phone
- E75 E76 99. HOW LONG (IN MINUTES) DID THIS INTERVIEW TAKE? \_\_\_\_\_ Minutes.
- E77 100. DECEASED? (0) DEAD (1) ALIVE.
- E78 E79 101. IF DECEASED, HOW LONG SINCE DISCHARGE FROM ATP DID THE DEATH OCCUR?
- E80 102. IF DECEASED, CAUSL OF DEATH.

**ALCOHOL TREATMENT PROGRAM (ATP)  
FAMILY HISTORY FOLLOW-UP INTERVIEW  
(RESOURCE PERSON FORM)**

- Author:** Marc A. Schuckit
- Assessment Areas Covered:** Demographics, family alcohol and drug use, drinking history, mental health, physical health, employment, antisocial behavior, level of functioning, resource person
- Administration:** Face-to-face structured interview (approximately 20 minutes), voluntary, identifying data is collected, at followup
- Design Features:** A highly structured interview to be used by a trained interviewer who is expected to probe for incomplete answers and inconsistencies; 87 multiple-choice, completion, and yes/no items
- Abstract:** This highly structured instrument was developed to determine the level of functioning in the 12 months after completion of an ATP program. The material covered includes identifying data and demography but places an emphasis on drug and alcohol patterns and problems as well as overall life functioning. The data generated from this interview can be used to develop an outcome score in each of nine life areas as well as a total outcome level of functioning.
- This form is used as a supplement to the patient's form. The validity of information garnered from the patient is tested through information obtained from the resource person--an individual likely to have known about the patient's course over the 12 months since treatment.
- Related Published Reports:** Schuckit, M.A.; Morrison, C.R.; and Gold, E.O. A pragmatic alcoholism treatment outcome scale. American Journal of Drug and Alcohol Abuse, 10:125-131, 1983.
- Schuckit, M.A. The relationship between the course of primary alcoholism and family history. Journal of Studies on alcohol, 45:1-8, 1984.
- Schuckit, M.A. A one-year follow-up of alcoholics given disulfiram. Journal of Studies on Alcohol, 46(3), 1985.
- Schuckit, M.A. A study of alcoholics with secondary depression. American Journal of Psychiatry, 140:711-714, 1983.
- Availability Source:** Marc A. Schuckit, M.D., Department of Psychiatry (116A), Veterans Administration Medical Center, 3350 La Jolla Village Drive, San Diego, California 92151. There is no fee for use.

ATP FAMILY HISTORY FOLLOW-UP INTERVIEW

(RESOURCE PERSON FORM)

A1 A2  
A3 A4 A5 A6  
A7 A8

A9 1. FIRST, WHAT IS YOUR RELATIONSHIP TO THE PATIENT? \_\_\_\_\_

A10 A11 A12 A13 2. AT WHAT AGES DID THE PATIENT LIVE WITH YOU?

A14 A15 3. HOW OFTEN DID YOU SEE EACH OTHER OVER THE LAST YEAR? \_\_\_\_\_ TIMES

NOW, SOME QUESTIONS ABOUT THE PATIENT'S EARLY LIFE EXPERIENCES.

A16 A17 4. AFTER BIRTH, WAS HE PLACED IN AN INCUBATOR? (D) \_\_\_ No IF YES, FOR HOW LONG? \_\_\_\_\_ Days

5. DID HE HAVE ANY CONGENITAL MALFORMATIONS?

A18 A19 (D) \_\_\_ No \_\_\_ Yes IF YES, WHAT:

- |         |                                                |                       |
|---------|------------------------------------------------|-----------------------|
| A20 A21 | (1) ___ Cleft Lip or Palate                    | (8)                   |
|         | (2) ___ Hole in his heart (ASD or VSD)         | (9)                   |
| A22 A23 | (3) ___ Cross-eyed                             | (10)                  |
|         | (4) ___ Fused fingers or toes                  | (11)                  |
|         | (5) ___ Hypospadias (Penis not fused properly) | (12)                  |
|         | (6) ___ Undescended testes                     | (13) ___ Other: _____ |
|         | (7) ___ Hernia                                 |                       |

A24 6. DID HE DEVELOP ANY INFECTIONS THAT NEEDED TREATMENT DURING HIS FIRST FEW DAYS OF LIFE?

(D) \_\_\_ No (1) \_\_\_ Yes IF YES, WHAT? \_\_\_\_\_

A25 7. ON WHAT DAY OF LIFE DID HE COME HOME FROM THE HOSPITAL? \_\_\_\_\_ Day

8. HOW OLD WAS HE WHEN HE FIRST ATTENDED SCHOOL? \_\_\_\_\_ Years Old.

A26 A27 9. HOW MANY YEARS OF GRADE AND HIGH SCHOOL DID HE COMPLETE?

A28 A29 \_\_\_\_\_ Actual Number of Years Complete. NOTE: "12" Years Means High School Graduate.

10. IF HE DID NOT GRADUATE FROM HIGH SCHOOL, DID HE PASS A HIGH SCHOOL EQUIVALENCY TEST?

A30 (0) \_\_\_ No (1) \_\_\_ Yes (8) \_\_\_ Not applicable. He graduated from high school.

11. HOW MANY YEARS OF COLLEGE DID HE COMPLETE? \_\_\_\_\_ Actual Number of Years Completed

A31

12. DURING HIS LAST TWO YEARS WHILE IN JR. HIGH OR HIGH SCHOOL, ON THE AVERAGE HOW MANY TIMES A MONTH WOULD HE PLAY HOOKY? (Don't count college) (Missed at least 1/2 day of classes.)

A32 A33

(0) \_\_\_ Never or \_\_\_\_\_ Actual Number of Times

13. WAS HE EVER SUSPENDED OR EXPELLED FROM GRADE SCHOOL OR HIGH SCHOOL?

A34

(D) \_\_\_ Never or \_\_\_\_\_ Actual Number of Times

14. BEFORE HE WAS 16, DID HE EVER RUN AWAY FROM HOME AT LEAST OVERNIGHT?

A35

(0) \_\_\_ Never or \_\_\_\_\_ Actual Number of Times

15. WAS HE EVER PLACED IN A REFORM SCHOOL?

A36

(0) \_\_\_ Never or \_\_\_\_\_ Actual Number of Times

16. DID HIS PARENTS EVER REPEATEDLY SAY THAT HE WAS UNMANAGEABLE, INCORRIGIBLE, OR THAT THEY WERE UNABLE TO CONTROL HIM?

A37 A38

(D) \_\_\_ Never or IF YES: \_\_\_\_\_ HOW OLD WAS HE WHEN HIS PARENTS FIRST SAID THIS?

A39 17. HAS HE EVER HURT ANY ONE IN A FIGHT BADLY ENOUGH SO THAT THEY NEEDED TO SEE A DOCTOR?  
(0) \_\_\_ No or If yes: \_\_\_\_\_ Actual Number of Times in All

A40 IF YES, DID HE EVER DO THIS WHEN INTOXICATED?  
(0) \_\_\_ No \_\_\_\_\_ Actual Number of Times When Intoxicated

A41 18. EXCEPT IN MILITARY ACTION OR BATTLE, HAS HE EVER USED A WEAPON IN A FIGHT LIKE A GUN, A KNIFE,  
A CLUB OR BOARD, ETC.

(0) \_\_\_ No or If yes: \_\_\_\_\_ Actual Number of Times in All

A42 IF YES, DID HE EVER DO THIS WHEN HE WAS INTOXICATED?

(0) \_\_\_ No \_\_\_\_\_ Actual Number of Times When Intoxicated

A43 A44 19. DOES HE HAVE A POLICE OR ARREST RECORD FOR ANY MISDEMEANOR (OTHER THAN A TRAFFIC TICKET)  
SINCE AGE 16? (Exclusive of alcohol or drug related arrests.)

(0) \_\_\_ None or If Yes: \_\_\_\_\_ Actual Number

A45 A46 20. DOES HE HAVE AN ADULT POLICE OR ARREST RECORD FOR ANY FELONY COMMITTED SINCE AGE 16?

(0) \_\_\_ None or If Yes: \_\_\_\_\_ Actual Number (Exclusive of alcohol or drug related arrests.)

A47 A48 A49 21. OVER THE LAST 6 MONTHS HOW MANY DAYS DID HE WORK? (120 working days.)

A50 A51 A52 \_\_\_\_\_ FULL-TIME (8 hours per day) \_\_\_\_\_ PART-TIME (less than 8 hours)

A53 A54 A55 A56 22. WHAT WAS HIS AVERAGE TOTAL MONTHLY INCOME OVER THE LAST SIX MONTHS?

\_\_\_\_\_ Average Monthly Income

NOW WE WOULD LIKE INFORMATION ABOUT HIS ALCOHOL-RELATED PROBLEMS:

A57 A58 23. WAS HE EVER FIRED ON A JOB BECAUSE OF DRINKING?

(00) \_\_\_ Never or He was \_\_\_\_\_ years old the first time.

A59 A60 HOW MANY TIMES DID THIS HAPPEN? \_\_\_\_\_ Number of Times

A61 A62 HOW MANY TIMES IN THE LAST SIX MONTHS? \_\_\_\_\_ Number of Times

A63 A64 \* 24. WAS HE EVER FIRED BECAUSE OF DRINKING?

(00) \_\_\_ Never or He was \_\_\_\_\_ years old the first time.

A65 A66 HOW MANY TIMES DID THIS HAPPEN? \_\_\_\_\_ Number of Times

A67 A68 HOW MANY TIMES IN THE LAST SIX MONTHS? \_\_\_\_\_ Number of Times

A69 A70 25. HAS HE EVER HAD AN AUTO ACCIDENT BECAUSE OF DRINKING?

(00) \_\_\_ Never or He was \_\_\_\_\_ years old the first time.

A71 A72 HOW MANY TIMES DID THIS HAPPEN? \_\_\_\_\_ Number of Times

A73 A74 HOW MANY TIMES IN THE LAST SIX MONTHS? \_\_\_\_\_ Number of Times

A75 A76 \* 26. WAS HE EVER PICKED UP FOR DRUNK DRIVING?

(00) \_\_\_ Never or He was \_\_\_\_\_ years old the first time. How old the 2nd time? \_\_\_\_\_ years old.

A77 A78 HOW MANY TIMES DID THIS HAPPEN? \_\_\_\_\_ Number of Times.

A79 A80 HOW MANY TIMES IN THE LAST SIX MONTHS? \_\_\_\_\_ Number of Times.

B1 B2

B3 B4 B5 B6

B7 B8

\*27. WAS HE EVER ARRESTED FOR PUBLIC INTOXICATION, DRUNK AND DISORDERLY CONDUCT, OR ANY OTHER NON-DRIVING ALCOHOL ARREST.

89 810 (00)        Never    or    He was                      years old the first time. How old the 2nd time?                      years old.

811 812 HOW MANY TIMES DID THIS HAPPEN?                      Number of times.

813 814 HOW MANY TIMES IN THE LAST SIX MONTHS?                      Number of times.

\*28. WAS HE EVER SEPARATED OR DIVORCED FROM HIS SPOUSE BECAUSE OF HIS DRINKING PROBLEM?

815 816 (00)        Never    or    He was                      years old the first time.

817 818 HOW MANY TIMES DID THIS HAPPEN?                      Number of times.

819 820 HOW MANY TIMES IN THE LAST SIX MONTHS?                      Number of times.

\*29. HAS HE EVER GONE TO THE HOSPITAL BECAUSE OF DRINKING? (Do not count present time.) (Do not count accidents.)

821 822 (00)        Never    or    He was                      years old the first time.

823 824 HOW MANY TIMES DID THIS HAPPEN?                      Number of times.

825 826 HOW MANY TIMES IN THE LAST SIX MONTHS?                      Number of times.

\* 30. HAS A DOCTOR EVER TOLD HIM ALCOHOL HAD HARMED HIS HEALTH?

827 828 (00)        Never    or    He was                      years old the first time.

829 830 HOW MANY TIMES DID THIS HAPPEN?                      Number of times.

831 832 HOW MANY TIMES IN THE LAST SIX MONTHS?                      Number of times.

31. HAS HE EVER SPENT A NIGHT IN JAIL (8 or more hours) BECAUSE OF ALCOHOL?

833 834 (00)        Never    or    He was                      years old the first time.

835 836 HOW MANY TIMES DID THIS HAPPEN?                      Number of times.

837 838 HOW MANY TIMES IN THE LAST SIX MONTHS?                      Number of times.

32. WHAT IS THE LONGEST PERIOD OF TIME IN MONTHS THAT HE HAS CONSISTENTLY PARTICIPATED IN ALCOHOLICS ANONYMOUS?                      MONTHS.

839 840

33. WHAT IS THE LONGEST TIME IN DAYS HE HAS EVER STAYED ON THE WAGON (ABSTAINED) SINCE HE BEGAN HAVING PROBLEMS WITH ALCOHOL?                      DAYS

841 842 843 844

34. IN THE LAST 6 MONTHS, WHAT IS THE LONGEST PERIOD OF TIME HE HAS STAYED ON THE WAGON?

845 846 847                      DAYS.

35. WHAT AGES WAS HE DRY FOR 3 OR MORE MONTHS AT A TIME?                      TO                     

848 849 850 851

INTERVIEWER: Record any others on facing page.                      TO                     

852 853 854 855

                     TO                     

856 857 858 859

36. SINCE HE FIRST BEGAN HAVING PROBLEMS WITH ALCOHOL, WHAT IS THE LONGEST TIME IN DAYS HE HAS BEEN ABLE TO DRINK IN A "CONTROLLED WAY" WITHOUT GETTING DRUNK OR GETTING INTO TROUBLE.

860 861 862 863

                     Days

B64 37. OUT OF THE LAST SIX MONTHS, HOW MANY MONTHS DID HE TAKE A DRINK IN? \_\_\_\_\_ MONTHS

B65 B66 37a. IN THE MONTHS HE WAS DRINKING, HOW MANY DAYS ON THE AVERAGE WOULD HE TAKE A DRINK? \_\_\_\_\_ DAYS.

B67 B68 38. OVER THE LAST 6 MONTHS, IN THE AVERAGE 24-HOUR PERIOD HE WAS DRINKING, HOW MANY DRINKS WOULD HE HAVE?

\_\_\_\_\_ DRINKS

NOTE: 1 Single Mixed Drink = 1 Drink  
1 12 oz. Beer = 1 Drink

For Whiskey:

1 Shot = 1 Drink  
a Pint = 10 Drinks  
a Fifth = 16 Drinks

For Wine:

1 4 oz. wine = 1 Drink  
a Pint = 3 Drinks  
a Fifth = 6 Drinks  
a Half-gallon = 16 Drinks

B69 B70 39. OVER THE LAST 6 MONTHS, WHAT IS THE MOST NUMBER OF DRINKS HE HAS HAD IN 24 HOURS? \_\_\_\_\_ DRINKS.

B71 B72 40. INTERVIEWER: WHAT IS THE AGE OF ONSET OF ALCOHOLISM (Q.24,26-30)?

NOW SOME QUESTIONS ABOUT HIS USE OF DRUGS OTHER THAN ALCOHOL:

HOW MANY TIMES IN HIS LIFE DO YOU ESTIMATE THAT HE HAS TAKEN THE FOLLOWING SUBSTANCES?

B73 B74 41. MARIJUANA (INCLUDING HASHISH AND THC)?

(00) \_\_\_\_\_ Never or \_\_\_\_\_ Times

B75 B76 42. HALLUCINOGENS (LSD, Mescaline, PEYOTE, MDA, DMT, PCP, STP PSILOCYBIN, ETC.)?

(00) \_\_\_\_\_ Never or \_\_\_\_\_ Times

B77 B78 43. BARBITURATES AND DOWNERS THAT WEREN'T PRESCRIBED FOR HIS USE?

(00) \_\_\_\_\_ Never or \_\_\_\_\_ Times

B79 B80 44. ORAL AMPHETAMINES, RITALIN, INTRAVENOUS METHIDRINE ("SPEED"), DESOXYN, DIET PILLS, AND OTHER AMPHETAMINES THAT WEREN'T PRESCRIBED FOR HIS USE?

(00) \_\_\_\_\_ Never or \_\_\_\_\_ Times

C1 C2

C3 C4 C5 C6

C7 C8

C9 C10 45. OPIATES (HEROIN, PAREGORIC, ETC.)?

(00) \_\_\_\_\_ Never or \_\_\_\_\_ Times

C11 C12 46. SOLVENTS (GLUE, AEROSOLS, TOLUENE, GASOLINE, PAINT, ETC.)?

(00) \_\_\_\_\_ Never or \_\_\_\_\_ Times

C13 C14 47. COCAINE

(00) \_\_\_\_\_ Never or \_\_\_\_\_ Times

C15 C16 48. ARE THERE ANY OTHERS? IF YES, WHICH ONES? \_\_\_\_\_



C17

49. HAS HE EVER HAD ANY OF THE FOLLOWING PROBLEMS BECAUSE OF DRUG USE OTHER THAN ALCOHOL?

(0)      No      (1)      Yes      IF YES, CHECK ALL PROBLEMS HE HAS HAD:

- MARITAL SEPARATION OR DIVORCE BECAUSE OF HIS DRUG USE?
- LAID OFF FROM WORK OR FIRED BECAUSE OF HIS DRUG USE?
- TWO OR MORE ARRESTS BECAUSE OF HIS USE OF DRUGS OTHER THAN MARIJUANA?
- A DOCTOR HAS SAID THAT DRUGS HAVE HARMED HIS HEALTH?
- USED DRUGS INTRAVENOUSLY?

C18

50. HAS HE EVER HAD ANY OTHER DRUG PROBLEM? IF SO, WHAT? \_\_\_\_\_

C19 C20 C21 C22

51. IF YES, WHAT DRUGS WAS HE TAKING WHEN HE HAD THESE PROBLEMS? (Check all that were associated with the problem.)

- (1)      Marijuana (including Hashish & THC)
- (2)      Hallucinogens (LSO, Mescaline, Peyote, MOA, DMT, PCP, STP, Psilocybin, Etc.)
- (3)      Barbiturates and Downers that Weren't Prescribed for his use.
- (4)      Oral Amphetamines, Ritalin, Intravenous Methedrine ("Speed"), Desoxyn, Diet Pills, and Other Amphetamines that Weren't Prescribed for Your Use.
- (5)      Opiates (Heroin, Paregoric, Etc.)
- (6)      Solvents (Glue, Aerosols, Toluene, Amyl Nitrite, Etc.)
- (7)      Cocaine
- (8)      Other: \_\_\_\_\_

C23 C24

52. HOW OLD WAS HE THE FIRST TIME HE HAD ANY OF THOSE DRUG RELATED PROBLEMS? \_\_\_\_\_ Years Old

NOW SOME QUESTIONS ABOUT ANY EMOTIONAL OR PSYCHIATRIC PROBLEMS HE MAY HAVE HAD.

C25

53. BEFORE ENTERING THE TREATMENT PROGRAM THIS TIME, WAS HE EVER TREATED BY A MENTAL HEALTH WORKER SUCH AS A PSYCHIATRIST, PSYCHOLOGIST, OR SOCIAL WORKER? DO NOT COUNT TIMES HE WAS IN THE HOSPITAL OR THE MAJOR PROBLEM WAS ALCOHOL OR DRUGS. (Check all that apply)

- (0)      No, Never Treated.
- (1)      Yes, Psychiatrist.
- (2)      Yes, Psychologist.
- (3)      Yes, Social Worker.
- (4)      Yes, Other. Please Specify: \_\_\_\_\_

IF YES, WHY DID HE SEE THEM? \_\_\_\_\_

C26 C27

HOW MANY SESSIONS HAS HE HAD WITH ALL MENTAL HEALTH WORKERS ALTOGETHER? DO NOT COUNT TIMES WHEN HE WAS IN THE HOSPITAL.

\_\_\_\_\_ Total Number of Sessions When Not in Hospital.

C28 C29

HOW OLD WAS HE THE FIRST TIME HE SAW A MENTAL HEALTH WORKER? \_\_\_\_\_ Years of Age.

C30 C31

54. WAS HE EVER HOSPITALIZED FOR TREATMENT OF A MENTAL PROBLEM? DON'T COUNT TIMES WHERE THE MAJOR PROBLEM WAS ALCOHOL OR DRUGS.

(00)      Never      or      \_\_\_\_\_ Actual Number of Times

IF YES, HOW OLD WAS HE THE FIRST TIME HE WAS HOSPITALIZED? \_\_\_\_\_ Years Old.

C32 C33

HOW OLD WAS HE THE MOST RECENT TIME HE WAS HOSPITALIZED? \_\_\_\_\_ Years Old.

C34 C35

WHAT WERE HIS SYMPTOMS? \_\_\_\_\_

C36 55. WAS HE EVER DEPRESSED, SAD, BLUE, DESPONDENT, HOPELESS, "DOWN IN THE DUMPS", IRRITABLE, FEARFUL, WORRIED, OR DISCOURAGED CONSTANTLY FOR TWO WEEKS OR LONGER? BE CERTAIN HE WAS DEPRESSED ALL DAY, EVERY DAY FOR TWO WEEKS.

(0) \_\_\_ No (1) \_\_\_ Yes (2) \_\_\_ Yes, but it was related to alcohol.

C37 C38

IF YES, HOW OLD WAS HE THE FIRST TIME HE HAD A DEPRESSION LIKE THIS? \_\_\_\_\_ Years Old.  
DID THIS PERIOD OF DEPRESSION SERIOUSLY INTERFERE OR CAUSE A MAJOR DISRUPTION IN HIS LIFE?

C39

(0) \_\_\_ No (1) \_\_\_ Yes IF YES, WHAT WAS THE SPECIFIC PROBLEM THAT RESULTED FROM THE DEPRESSION (i.e., failed a course, had to drop out of school, was fired from a job because of the depression)?

IF HE WAS DEPRESSED ALL DAY EVERY DAY FOR 2 WEEKS OR LONGER, DID HE HAVE ANY OF THE FOLLOWING SYMPTOMS OCCURRING FOR 2 WEEKS OR MORE DURING THE SAME PERIOD? IF HE WAS DEPRESSED FOR 2 WEEKS OR MORE ON MORE THAN ONE OCCASION, PLEASE ANSWER FOR THE EPISODE THAT WAS THE MOST SEVERE.

NOTE: Be sure he was not drinking heavily or taking illegal drugs daily.

C40

POOR APPETITE

NO (0) YES (1)

C41

LOSS OF TWO OR MORE POUNDS A WEEK WHEN NOT DIETING

C42

SLEEP DIFFICULTY, TROUBLE SLEEPING, OR A SIGNIFICANT INCREASE IN SLEEP NEED

C43

SIGNIFICANT LOSS OF ENERGY: OR TIREDNESS

C44

LOSS OF INTEREST IN YOUR USUAL ACTIVITIES

C45

DECREASE IN SEXUAL DRIVE

C46

FEELINGS OF SELF REPROACH OR GUILT

C47

INABILITY TO CONCENTRATE

C48

SLOW THINKING, OR MIXED-UP THOUGHTS

C49

RECURRENT THOUGHT OF DEATH OR SUICIDE

C50

THOUGHTS OF WISHING TO BE DEAD

C51

SUICIDE ATTEMPTS

C52

CRYING EASILY, TEARFULNESS, OR FEELING LIKE CRYING

C53

LOSS OF ABILITY TO EXPERIENCE OR EXPRESS JOY OR SORROW

C54

MORE THAN USUAL DIFFICULTY IN MAKING DECISIONS

C55 C56

INTERVIEWER: Code number of symptoms

C57

56. WAS HE TAKING ANY PRESCRIBED OR ILLEGAL DRUGS WHEN THIS PERIOD OF DEPRESSION BEGAN?

(0) \_\_\_ No (1) \_\_\_ Yes IF YES, WHAT DRUGS WAS HE TAKING AND WHAT WAS HIS FREQUENCY OF USE?

DRUG: \_\_\_\_\_ HOW OFTEN: \_\_\_\_\_

DRUG: \_\_\_\_\_ HOW OFTEN: \_\_\_\_\_

DRUG: \_\_\_\_\_ HOW OFTEN: \_\_\_\_\_

57. HAS HE EVER BEEN EITHER EXTREMELY HAPPY OR EXTREMELY IRRITABLE CONSTANTLY FOR 24 HOURS A DAY, FOR A PERIOD OF TWO WEEKS OR LONGER?

C58

(0) No (1) Yes (9) N/A (No response) (8) DK/DNA

IF YES, HAS ANY OF THE FOLLOWING OCCURRED FOR TWO WEEKS OR LONGER DURING THAT PERIOD? ANSWER FOR THE WORST SUCH PERIOD IF THIS HAS HAPPENED TO HIM MORE THAN ONCE. THESE MUST ALL OCCUR AT THE SAME PERIOD OF TIME.

C59

MUCH MORE PHYSICALLY ACTIVE

NO (0) YES (1)

C60

MUCH MORE SOCIALLY ACTIVE

C61

MUCH MORE SEXUALLY ACTIVE

C62

PRESSURE TO KEEP TALKING

C63

MUCH LESS SLEEP (1 to 2 Hours)

C64

EASILY DISTRACTED

C65

FELT MUCH BETTER THAN HE ACTUALLY WAS

C66

IDEAS COMING AND GOING VERY FAST

C67

WENT ON BUYING SPREES OR MADE FOOLISH BUSINESS INVESTMENTS

C68 C69

INTERVIEWER: Code Number of Symptoms

C70 C71

HOW OLD WAS HE THE FIRST TIME HE HAD SUCH A PERIOD AS THIS?

\_\_\_\_\_ Years of age. \_\_\_\_\_ DK/DNA(88) \_\_\_\_\_ N/R(99)

C72

DID THIS EVER SERIOUSLY INTERFERE WITH HIS LIFE?

(0) No (1) Yes (8) DK/DNA (9) N/R

IF YES, WHAT SPECIFIC PROBLEMS RESULTED? \_\_\_\_\_

NOW SOME QUESTIONS ABOUT UNUSUAL EXPERIENCES PEOPLE SOMETIMES HAVE.

C73

58. DID HE EVER FEEL AS IF HIS MIND WAS BEING MANIPULATED OR ACTUALLY CONTROLLED BY SOME UNUSUAL OR MYSTERIOUS FORCE?

(0) No  
(1) Yes, But Only When Drunk or Abusing Drugs  
(2) Yes, Occurred When Not Drinking or Abusing Drugs

PLEASE DESCRIBE: \_\_\_\_\_

C74 C75

IF HE WAS NOT USING ALCOHOL OR DRUGS, HOW OLD WAS HE THE FIRST TIME THIS HAPPENED?

\_\_\_\_\_ Years Old.

C76

59. HAS HE EVER FELT INFLUENCED IN UNUSUAL WAYS, SUCH AS BY MACHINES, HYPNOSIS, RADAR WAVES, RADIO, TELEVISION, OR NEWSPAPERS?

(0) No  
(1) Yes, But Only When Drunk or Abusing Drugs  
(2) Yes, Occurred When Not Drinking or Abusing Drugs

PLEASE DESCRIBE: \_\_\_\_\_

IF HE WAS NOT USING ALCOHOL OR DRUGS, HOW OLD WAS HE THE FIRST TIME THIS HAPPENED?

\_\_\_\_\_ Years Old.

D9 D10

D1 D2

D3 D4 D5 D6

D7 D8

D11 60. DID HE EVER HEAR VOICES THAT OTHER PEOPLE COULDN'T HEAR? SEEN THINGS? FELT THINGS?

- (0)      No  
(1)      Yes, But Only When Drunk or Abusing Drugs  
(2)      Yes, Occurred When Not Drinking or Abusing Drugs

PLEASE DESCRIBE: \_\_\_\_\_

D12 D13 IF HE WAS NOT USING ALCOHOL OR DRUGS, HOW OLD WAS HE THE FIRST TIME? \_\_\_\_\_ Years Old

D14 60a, WAS HE EVER CONVINCED THAT HE WAS SPECIAL AND THAT PEOPLE WERE PLOTTING TO HARM HIM?

- (0)      No  
(1)      Yes, But Only When Drunk or Abusing Drugs  
(2)      Yes, Occurred When Not Drinking or Abusing Drugs

PLEASE DESCRIBE: \_\_\_\_\_

D15 D16 IF HE WAS NOT USING ALCOHOL OR DRUGS, HOW OLD WAS HE THE FIRST TIME? \_\_\_\_\_ Years Old

NEXT WE HAVE SOME QUESTIONS ABOUT THE PATIENT'S FAMILY BACKGROUND:

61. UNTIL HIS EIGHTEENTH BIRTHDAY, HOW MANY YEARS WAS HE RAISED BY HIS:

D17 D18 Real (biologic) Father \_\_\_\_\_ Years

D19 D20 Another father, such as a foster father, stepfather,  
adoptive father or relative \_\_\_\_\_ Years

D21 D22 Real (biologic) Mother \_\_\_\_\_ Years

D23 D24 Another mother, such as a foster mother, stepmother,  
adoptive mother or relative \_\_\_\_\_ Years

D25 D26 62. HOW MANY FULL BROTHERS DOES HE HAVE (THE SAME MOTHER AND FATHER AS HIM)? \_\_\_\_\_ Brothers  
(Brothers who lived until at least their 18th birthday.)

D27 D28 63. HOW MANY FULL SISTERS DOES HE HAVE (THE SAME MOTHER AND FATHER AS HIM)? \_\_\_\_\_ Sisters  
(Sisters who lived until at least their 18th birthday.)

D29 D30 64. HOW MANY HALF-BROTHERS DOES HE HAVE WHO LIVED TO THEIR 18th BIRTHDAY? \_\_\_\_\_ Half-brothers  
(A half-brother has only one parent that is the same as his own.)

D31 D32 65. HOW MANY HALF-SISTERS DOES HE HAVE WHO LIVED TO THEIR 18th BIRTHDAY? \_\_\_\_\_ Half-sisters  
(A half-sister has only one parent that is the same as his own.)

NOW SOME QUESTIONS ABOUT HIS CLOSE RELATIVES---HIS REAL PARENTS, ADOPTIVE PARENTS, FULL BROTHERS AND SISTERS, HALF BROTHERS AND SISTERS, AND HIS NATURAL CHILDREN.

66. HAVE ANY OF HIS CLOSE RELATIVES EVER BEEN DEPRESSED FOR TWO WEEKS OR MORE SO THAT THEY COULD NOT CARRY ON THEIR USUAL ACTIVITIES?

D33

(D)      No      (1)      Yes

IF YES, FILL OUT THE ANSWERS FOR EACH OF HIS RELATIVES WHO HAVE BEEN DEPRESSED FOR TWO WEEKS OR MORE

		DEPRESSED		HOW OLD THE	HOW OLD NOW
		NO (0)	YES (1)	FIRST TIME	
<u>D34</u> <u>D35</u> <u>D36</u> <u>D37</u> <u>D38</u>	REAL FATHER	_____	_____	_____	_____
<u>D39</u> <u>D40</u> <u>D41</u> <u>D42</u> <u>D43</u>	REAL MOTHER	_____	_____	_____	_____
<u>D44</u> <u>D45</u> <u>D46</u> <u>D47</u> <u>D48</u>	ADOPTIVE FATHER	_____	_____	_____	_____
<u>D49</u> <u>D50</u> <u>D51</u> <u>D52</u> <u>D53</u>	ADOPTIVE MOTHER	_____	_____	_____	_____
<u>D54</u> <u>D55</u> <u>D56</u> <u>D57</u> <u>D58</u>	ANY FULL BROTHER	_____	_____	_____	_____
<u>D59</u> <u>D60</u> <u>D61</u> <u>D62</u> <u>D63</u>	A SECOND FULL BROTHER	_____	_____	_____	_____
<u>D64</u> <u>D65</u> <u>D66</u> <u>D67</u> <u>D68</u>	ANY FULL SISTER	_____	_____	_____	_____
<u>D69</u> <u>D70</u> <u>D71</u> <u>D72</u> <u>D73</u>	A SECOND FULL SISTER	_____	_____	_____	_____
<u>D74</u> <u>D75</u> <u>D76</u> <u>D77</u> <u>D78</u>	ANY HALF BROTHER	_____	_____	_____	_____
<u>E1</u> <u>E2</u>					
<u>E3</u> <u>E4</u> <u>E5</u> <u>E6</u>					
<u>E7</u> <u>E8</u>					
<u>E9</u> <u>E10</u> <u>E11</u> <u>E12</u> <u>E13</u>	A SECOND HALF BROTHER	_____	_____	_____	_____
<u>E14</u> <u>E15</u> <u>E16</u> <u>E17</u> <u>E18</u>	ANY HALF SISTER	_____	_____	_____	_____
<u>E19</u> <u>E20</u> <u>E21</u> <u>E22</u> <u>E23</u>	A SECOND HALF SISTER	_____	_____	_____	_____
<u>E24</u> <u>E25</u> <u>E26</u> <u>E27</u> <u>E28</u>	ANY SON	_____	_____	_____	_____
<u>E29</u> <u>E30</u> <u>E31</u> <u>E32</u> <u>E33</u>	A SECOND SON	_____	_____	_____	_____
<u>E34</u> <u>E35</u> <u>E36</u> <u>E37</u> <u>E38</u>	ANY DAUGHTER	_____	_____	_____	_____
<u>E39</u> <u>E40</u> <u>E41</u> <u>E42</u> <u>E43</u>	A SECOND DAUGHTER	_____	_____	_____	_____

INTERVIEWER: Review pages 6 and 7 if necessary.

67. HAVE ANY OF HIS CLOSE RELATIVES EVER SEEN A PSYCHIATRIST, PSYCHOLOGIST, OR OTHER MENTAL HEALTH WORKER FOR TREATMENT OF A NERVOUS OR EMOTIONAL PROBLEM? DON'T COUNT FAMILY COUNSELING SESSIONS.

E44

(0)      No      (1)      Yes

IF YES, FILL OUT THE ANSWERS FOR EACH OF HIS RELATIVES WHO HAVE SEEN A PSYCHIATRIST, PSYCHOLOGIST OR OTHER MENTAL HEALTH WORKER FOR TREATMENT OF A NERVOUS OR EMOTIONAL PROBLEM.

	No (0)	Yes (1)	HOW OLD THE FIRST TIME	HOW OLD NOW	WHAT WERE THEIR SYMPTOMS
E45 E46 E47 E48 E49 E50	_____	_____	_____	_____	_____
E51 E52 E53 E54 E55 E56	_____	_____	_____	_____	_____
E57 E58 E59 E60 E61 E62	_____	_____	_____	_____	_____
E63 E64 E65 E66 E67 E68	_____	_____	_____	_____	_____
E69 E70 E71 E72 E73 E74	_____	_____	_____	_____	_____
E75 E76 E77 E78 E79 E80	_____	_____	_____	_____	_____
F1 F2	_____	_____	_____	_____	_____
F3 F4 F5 F6	_____	_____	_____	_____	_____
F7 F8	_____	_____	_____	_____	_____
F9 F10 F11 F12 F13 F14	_____	_____	_____	_____	_____
F15 F16 F17 F18 F19 F20	_____	_____	_____	_____	_____
F21 F22 F23 F24 F25 F26	_____	_____	_____	_____	_____
F27 F28 F29 F30 F31 F32	_____	_____	_____	_____	_____
F33 F34 F35 F36 F37 F38	_____	_____	_____	_____	_____
F39 F40 F41 F42 F43 F44	_____	_____	_____	_____	_____
F45 F46 F47 F48 F49 F50	_____	_____	_____	_____	_____
F51 F52 F53 F54 F55 F56	_____	_____	_____	_____	_____
F57 F58 F59 F60 F61 F62	_____	_____	_____	_____	_____
F63 F64 F65 F66 F67 F68	_____	_____	_____	_____	_____

Code for symptoms:

INTERVIEWER: For antisocial problems, probe for possible antisocial personality (antisocial difficulties with home, police, peers and school beginning prior to age 16). Record below.

- (1) Alcohol
- (2) Drugs
- (3) Depression
- (4) Loss of contact with reality
- (5) Anxiety, fear, nervousness
- (6) Antisocial problems
- (7) Other life problems

68. HAVE ANY OF HIS CLOSE RELATIVES EVER BEEN A PATIENT IN A MENTAL HOSPITAL OR IN A GENERAL HOSPITAL FOR TREATMENT OF A NERVOUS OR MENTAL PROBLEM?

F59 (D) \_\_\_ No (1) \_\_\_ Yes

IF YES, FILL OUT THE ANSWERS FOR EACH OF HIS RELATIVES WHO HAVE BEEN A PATIENT IN A MENTAL HOSPITAL OR IN A GENERAL HOSPITAL FOR TREATMENT OF A NERVOUS OR MENTAL PROBLEM?

		HOSPITALIZED?		HOW OLD THE	HOW OLD	WHAT WERE THEIR						
		No (D)	Yes (1)	FIRST TIME	NOW	SYMPTOMS						
F70	F71	F72	F73	F74	F75	REAL FATHER	_____	_____	_____	_____	_____	
G1	G2						REAL MOTHER	_____	_____	_____	_____	_____
G3	G4	G5	G6	ADOPTIVE FATHER			_____	_____	_____	_____	_____	
G7	G8	ADOPTIVE MOTHER					_____	_____	_____	_____	_____	
G9	G10	G11	G12	G13	G14	ANY FULL BROTHER	_____	_____	_____	_____	_____	
G15	G16	G17	G18	G19	G20	A SECOND FULL BROTHER	_____	_____	_____	_____	_____	
G21	G22	G23	G24	G25	G26	ANY FULL SISTER	_____	_____	_____	_____	_____	
G27	G28	G29	G30	G31	G32	A SECOND FULL SISTER	_____	_____	_____	_____	_____	
G33	G34	G35	G36	G37	G38	ANY HALF BROTHER	_____	_____	_____	_____	_____	
G39	G40	G41	G42	G43	G44	A SECOND HALF BROTHER	_____	_____	_____	_____	_____	
G45	G46	G47	G48	G49	G50	ANY HALF SISTER	_____	_____	_____	_____	_____	
G51	G52	G53	G54	G55	G56	A SECOND HALF SISTER	_____	_____	_____	_____	_____	
G57	G58	G59	G60	G61	G62	ANY SON	_____	_____	_____	_____	_____	
G63	G64	G65	G66	G67	G68	A SECOND SON	_____	_____	_____	_____	_____	
G69	G70	G71	G72	G73	G74	ANY DAUGHTER	_____	_____	_____	_____	_____	
G75	G76	G77	G78	G79	G80	A SECOND DAUGHTER	_____	_____	_____	_____	_____	
H1	H2											
H3	H4	H5	H6									
H7	H8											
H9	H10	H11	H12	H13	H14							
H15	H16	H17	H18	H19	H20							
H21	H22	H23	H24	H25	H26							

INTERVIEWER: For loss of contact with reality, ask age first time and if they ever recovered. Note below.

Code for symptoms:

- (1) Alcohol
- (2) Drugs
- (3) Depression
- (4) Loss of contact with reality
- (5) Anxiety, fear, nervousness
- (6) Antisocial problems
- (7) Other life problems

THE FOLLOWING IS A LIST OF PROBLEMS THAT PEOPLE MIGHT HAVE BECAUSE OF THEIR OWN DRINKING:

Marital Separation or Divorce Because of Their Drinking.

Laid Off from Work or Fired Because of Their Drinking.

Two or More Drunk Driving Arrests Because of Their Drinking.

Two or More Arrests for Public Intoxication, Drunk and Disorderly Conduct, Etc. Because of Their Drinking.

Doctor Said Alcohol Had Harmed Their Health.

69. HAVE ANY OF HIS CLOSE RELATIVES EVER HAD ANY OF THESE PROBLEMS?

		(0) <u>No</u>	(1) <u>Yes</u>	IF YES, FILL OUT THE ANSWERS FOR <u>EACH</u> OF HIS RELATIVES WHO HAVE HAD THESE PROBLEMS.		
		DRINKING PROBLEM		HOW OLD THE	HOW OLD	NUMBER OF PROBLEMS
		No (0)	Yes (1)	FIRST TIME	NOW	
<u>H27</u>						
<u>H28</u> <u>H29</u> <u>H30</u> <u>H31</u> <u>H32</u> <u>H33</u>	REAL FATHER	_____	_____	_____	_____	_____
<u>H34</u> <u>H35</u> <u>H36</u> <u>H37</u> <u>H38</u> <u>H39</u>	REAL MOTHER	_____	_____	_____	_____	_____
<u>H40</u> <u>H41</u> <u>H42</u> <u>H43</u> <u>H44</u> <u>H45</u>	ADOPTIVE FATHER	_____	_____	_____	_____	_____
<u>H46</u> <u>H47</u> <u>H48</u> <u>H49</u> <u>H50</u> <u>H51</u>	ADOPTIVE MOTHER	_____	_____	_____	_____	_____
<u>H52</u> <u>H53</u> <u>H54</u> <u>H55</u> <u>H56</u> <u>H57</u>	ANY FULL BROTHER	_____	_____	_____	_____	_____
<u>H58</u> <u>H59</u> <u>H60</u> <u>H61</u> <u>H62</u> <u>H63</u>	A SECOND FULL BROTHER	_____	_____	_____	_____	_____
<u>H64</u> <u>H65</u> <u>H66</u> <u>H67</u> <u>H68</u> <u>H69</u>	ANY FULL SISTER	_____	_____	_____	_____	_____
<u>H70</u> <u>H71</u> <u>H72</u> <u>H73</u> <u>H74</u> <u>H75</u>	A SECOND FULL SISTER	_____	_____	_____	_____	_____
<u>I1</u> <u>I2</u>						
<u>I3</u> <u>I4</u> <u>I5</u> <u>I6</u>						
<u>I7</u> <u>I8</u>						
<u>I9</u> <u>I10</u> <u>I11</u> <u>I12</u> <u>I13</u> <u>I14</u>	ANY HALF BROTHER	_____	_____	_____	_____	_____
<u>I15</u> <u>I16</u> <u>I17</u> <u>I18</u> <u>I19</u> <u>I20</u>	A SECOND HALF BROTHER	_____	_____	_____	_____	_____
<u>I21</u> <u>I22</u> <u>I23</u> <u>I24</u> <u>I25</u> <u>I26</u>	ANY HALF SISTER	_____	_____	_____	_____	_____
<u>I27</u> <u>I28</u> <u>I29</u> <u>I30</u> <u>I31</u> <u>I32</u>	A SECOND HALF SISTER	_____	_____	_____	_____	_____
<u>I33</u> <u>I34</u> <u>I35</u> <u>I36</u> <u>I37</u> <u>I38</u>	ANY SON	_____	_____	_____	_____	_____
<u>I39</u> <u>I40</u> <u>I41</u> <u>I42</u> <u>I43</u> <u>I44</u>	A SECOND SON	_____	_____	_____	_____	_____
<u>I45</u> <u>I46</u> <u>I47</u> <u>I48</u> <u>I49</u> <u>I50</u>	ANY DAUGHTER	_____	_____	_____	_____	_____
<u>I51</u> <u>I52</u> <u>I53</u> <u>I54</u> <u>I55</u> <u>I56</u>	A SECOND DAUGHTER	_____	_____	_____	_____	_____

INTERVIEWER: Probe for possible antisocial personality (antisocial difficulties with home, police, peers and school beginning prior to age 16). Record below.



THE FOLLOWING IS A LIST OF PROBLEMS THAT PEOPLE MIGHT HAVE BECAUSE OF THEIR OWN DRUG MISUSE:

Marital Separation or Divorce Because of Their Drug Use.

Laid Off From Work or Fired Because of Their Drug Use.

Two or More Arrests Because of Their Use of Drugs Other Than Marijuana.

Doctor Said Drugs Had Harmed Their Health.

Used Drugs Intravenously (by needle).

70. HAVE ANY OF HIS CLOSE RELATIVES EVER HAD ANY OF THESE PROBLEMS?

I57

(0) \_\_\_ No (1) \_\_\_ Yes IF YES, FILL OUT THE ANSWERS FOR EACH OF HIS RELATIVES WHO HAVE HAD THESE PROBLEMS.

						DRUG PROBLEM		HOW OLD-THE	HOW OLD	NUMBER OF PROBLEMS	
						No (0)	Yes (1)	FIRST TIME	NOW		
I58	I59	I60	I61	I62	I63	REAL FATHER	_____	_____	_____	_____	_____
I64	I65	I66	I67	I68	I69	REAL MOTHER	_____	_____	_____	_____	_____
I70	I71	I72	I73	I74	I75	ADOPTIVE FATHER	_____	_____	_____	_____	_____
J1 J2											
J3 J4 J5 J6											
J7 J8											
J9	J10	J11	J12	J13	J14	ADOPTIVE MOTHER	_____	_____	_____	_____	_____
J15	J16	J17	J18	J19	J20	ANY FULL BROTHER	_____	_____	_____	_____	_____
J21	J22	J23	J24	J25	J26	A SECOND FULL BROTHER	_____	_____	_____	_____	_____
J27	J28	J29	J30	J31	J32	ANY FULL SISTER	_____	_____	_____	_____	_____
J33	J34	J35	J36	J37	J38	A SECOND FULL SISTER	_____	_____	_____	_____	_____
J39	J40	J41	J42	J43	J44	ANY HALF BROTHER	_____	_____	_____	_____	_____
J45	J46	J47	J48	J49	J50	A SECOND HALF BROTHER	_____	_____	_____	_____	_____
J51	J52	J53	J54	J55	J56	ANY HALF SISTER	_____	_____	_____	_____	_____
J57	J58	J59	J60	J61	J62	A SECOND HALF SISTER	_____	_____	_____	_____	_____
J63	J64	J65	J66	J67	J68	ANY SON	_____	_____	_____	_____	_____
J69	J70	J71	J72	J73	J74	A SECOND SON	_____	_____	_____	_____	_____
K1 K2											
K3 K4 K5 K6											
K7 K8											
K9	K10	K11	K12	K13	K14	ANY DAUGHTER	_____	_____	_____	_____	_____
K15	K16	K17	K18	K19	K20	A SECOND DAUGHTER	_____	_____	_____	_____	_____

INTERVIEWER: Probe for antisocial personality (antisocial difficulties with home, police, peers, and school beginning prior to age 16). Record below.

71. DID ANY OF HIS CLOSE RELATIVES HAVE ANY OTHER DRUG PROBLEMS?

K21

(0) \_\_\_ No (1) \_\_\_ Yes

IF YES, TELL US WHICH RELATIVES, THEIR PRESENT AGE AND WHAT PROBLEM THEY HAD.

\_\_\_\_\_

\_\_\_\_\_

NOW WE HAVE SOME QUESTIONS ABOUT HIS MORE DISTANT RELATIVES. WE ARE REFERRING TO HIS GRANDPARENTS AND THE FULL AUNTS AND UNCLAS WHO ARE RELATED TO HIM BY BLOOD.

72. FIRST, HIS REAL MOTHER'S SIDE OF THE FAMILY:

- A. HAVE EITHER OF HIS MOTHER'S PARENTS EVER HAD ANY OF THE FOLLOWING PROBLEMS BECAUSE OF ALCOHOL OR DELIBERATE ABUSE OF DRUGS?

Marital Separation or Divorce Because of Their Drinking or Drug Taking.  
Laid Off from Work or Fired Because of Their Drinking or Drug Taking.  
Two or More Drunk Driving Arrests Because of Their Drinking or Drug Taking.  
Two or More Arrests for Public Intoxication, Drunk and Disorderly Conduct,  
Etc., Because of Their Drinking or Drug Taking.  
Doctor Said Alcohol or Drugs Had Actually Harmed Their Health.  
Repeatedly Unable to Care for the House or the Family Because of Their Alcohol  
or Drug Use.

\_\_\_ No (0) \_\_\_ Yes (1)

IF YES, MOTHER'S MOTHER

K22

\_\_\_ Had Alcohol Problems Listed Above (1)

INTERVIEWER: If both,  
determine which is  
primary.

K23

\_\_\_ Had Drug Problems Listed Above (1)

IF YES, MOTHER'S FATHER

K24

\_\_\_ Had Alcohol Problems Listed Above (1)

K25

\_\_\_ Had Drug Problems Listed Above (1)

- B. HAVE ANY OF HIS MOTHER'S FULL BROTHERS OR SISTERS (HIS BLOOD RELATED UNCLAS AND AUNTS) HAD ANY OF THESE ALCOHOL OR DRUG PROBLEMS?

(Probe for blood relatives.)

\_\_\_ No (0) \_\_\_ Yes (1)

K26

IF YES, MOTHER'S BROTHER(S)

\_\_\_ Number of Uncles with Alcohol Problem(s) Listed Above

K27

\_\_\_ Number of Uncles with Drug Problem(s) Listed Above

IF YES, MOTHER'S SISTER(S)

K28

\_\_\_ Number of Aunts with Alcohol Problem(s) Listed Above

K29

\_\_\_ Number of Aunts with Drug Problem(s) Listed Above

- C. HAVE EITHER OF HIS MOTHER'S PARENTS EVER BEEN PSYCHIATRICALY HOSPITALIZED FOR PROBLEMS OTHER THAN DRINKING DR DRUGS?

\_\_\_ No (0) \_\_\_ Yes (1)

K30

IF YES, MOTHER'S MOTHER \_\_\_ No (0) \_\_\_ Yes (1)

K31

IF YES, MOTHER'S FATHER \_\_\_ No (0) \_\_\_ Yes (1)

- D. HAVE ANY OF HIS MOTHER'S FULL BROTHERS OR SISTERS (HIS BLOOD RELATED UNCLAS AND AUNTS) EVER BEEN PSYCHIATRICALY HOSPITALIZED FOR PROBLEMS OTHER THAN DRINKING OR DRUGS?

\_\_\_ No (0) \_\_\_ Yes (1)

K32

IF YES, MOTHER'S BROTHER(S) \_\_\_ Number of Uncles Who Were Hospitalized

K33

IF YES, MOTHER'S SISTER(S) \_\_\_ Number of Sisters Who Were Hospitalized

- E. HAVE EITHER OF HIS MOTHER'S PARENTS EVER HAD OTHER PSYCHIATRIC PROBLEMS LIKE ATTEMPTED SUICIDE OR A NERVOUS BREAKDOWN?

\_\_\_ No (0) \_\_\_ Yes (1)

EXPLAIN IN DETAIL: \_\_\_\_\_

K34

IF YES, MOTHER'S MOTHER \_\_\_ No (0) \_\_\_ Yes (1)

K35

IF YES, MOTHER'S FATHER \_\_\_ No (0) \_\_\_ Yes (1)

- F. HAVE ANY OF HIS MOTHER'S FULL BROTHERS OR SISTERS (HIS BLOOD RELATED UNCLAS AND AUNTS) EVER HAD OTHER PSYCHIATRIC PROBLEMS LIKE ATTEMPTED SUICIDE OR A NERVOUS BREAKDOWN?

\_\_\_ No (0) \_\_\_ Yes (1)

K36

IF YES, MOTHER'S BROTHER(S) \_\_\_ Number of Uncles Who Had Other Problems

K37

IF YES, MOTHER'S SISTER(S) \_\_\_ Number of Uncles Who Had Other Problems

EXPLAIN IN DETAIL: \_\_\_\_\_

7J. NOW HIS REAL FATHER'S SIDE OF THE FAMILY:

- A. HAVE EITHER OF HIS FATHER'S PARENTS EVER HAD ANY OF THE FOLLOWING PROBLEMS BECAUSE OF ALCOHOL OR DELIBERATE ABUSE OF DRUGS?

Marital Separation or Divorce Because of Their Drinking or Drug Taking.  
Laid Off From Work or Fired Because of Their Drinking or Drug Taking.  
Two or More Drunk Driving Arrests Because of Their Drinking or Drug Taking.  
Two or More Arrests for Public Intoxication, Drunk and Disorderly Conduct,  
Etc., Because of Their Drinking or Drug Taking.  
Doctor Said Alcohol or Drugs Had Actually Harmed Their Health.  
Repeatedly Unable to Care for the House or the Family Because of Their  
Alcohol or Drug Use.

No (0)  Yes (1)

IF YES, FATHER'S MOTHER

K38

Had Alcohol Problems Listed Above (1)

INTERVIEWER: If both,  
determine which is  
primary.

K39

Had Drug Problems Listed Above (1)

IF YES, FATHER'S FATHER

K40

Had Alcohol Problems Listed Above (1)

K41

Had Drug Problems Listed Above (1)

- B. HAVE ANY OF HIS FATHER'S FULL BROTHERS OR SISTERS (HIS BLOOD RELATED UNCLAS AND AUNTS) HAD ANY OF THESE ALCOHOL OR DRUG PROBLEMS? (Probe for blood relatives.)

No (0)  Yes (1)

IF YES, FATHER'S BROTHER(S)

K42

Number of Uncles with Alcohol Problems(s) Listed Above.

K43

Number of Uncles with Drug Problem(s) Listed Above

IF YES, FATHER'S SISTER(S)

K44

Number of Aunts with Alcohol Problem(s) Listed Above.

K45

Number of Aunts with Drug Problem(s) Listed Above.

- C. HAVE EITHER OF HIS FATHER'S PARENTS EVER BEEN PSYCHIATRICALY HOSPITALIZED FOR PROBLEMS OTHER THAN DRINKING OR DRUGS?

No (0)  Yes (1)

K46

IF YES, FATHER'S MOTHER  No (0)  Yes (1)

K47

IF YES, FATHER'S FATHER  No (0)  Yes (1)

- D. HAVE ANY OF HIS FATHER'S FULL BROTHERS OR SISTERS (HIS BLOOD RELATED UNCLAS AND AUNTS) EVER BEEN PSYCHIATRICALY HOSPITALIZED FOR PROBLEMS OTHER THAN DRINKING OR DRUGS?

No (0)  Yes (1)

K48

IF YES, FATHER'S BROTHER(S)  Number of Uncles Who Were Hospitalized.

K49

IF YES, FATHER'S SISTER(S)  Number of Aunts Who Were Hospitalized.

- E. HAVE EITHER OF HIS FATHER'S PARENTS EVER HAD OTHER PSYCHIATRIC PROBLEMS LIKE ATTEMPTED SUICIDE OR A NERVOUS BREAKDOWN?

No (0)  Yes (1)

K50

IF YES, FATHER'S MOTHER  No  Yes EXPLAIN IN DETAIL: \_\_\_\_\_

K51

IF YES, FATHER'S FATHER  No  Yes \_\_\_\_\_

- F. HAVE ANY OF HIS FATHER'S FULL BROTHERS OR SISTERS (HIS BLOOD RELATED UNCLAS AND AUNTS) EVER HAD OTHER PSYCHIATRIC PROBLEMS LIKE ATTEMPTED SUICIDE OR A NERVOUS BREAKDOWN?

No (0)  Yes (1)

K52

IF YES, FATHER'S BROTHER(S)  Number of Uncles Who Had Other Problems

K53

IF YES, FATHER'S SISTER(S)  Number of Aunts Who Had Other Problems

EXPLAIN IN DETAIL: \_\_\_\_\_

FINALLY, I HAVE A SERIES OF QUESTIONS ABOUT HIS PARENTS EXPERIENCES BEFORE HE WAS BORN. I'M ASKING THIS LAST BECAUSE I KNOW YOU'LL PROBABLY HAVE TO GUESS AT SOME OF THESE. YOU CAN MAKE YOUR GUESS BASED ON HIS PARENTS USUAL BEHAVIORS WHILE HE WAS GROWING UP OR ON INFORMATION SOMEONE MIGHT HAVE TOLD YOU.

74. PRIOR TO HIS BIRTH DID HIS MOTHER OR FATHER HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS.

K54 K55	(Father)		FATHER		MOTHER		
			(0)No	(1)Yes	(0)No	(1)Yes	
K56 K57		1. STROKE	—	—	—	—	HAND OUT CARD
K58 K59		2. RHEUMATIC HEART DISEASES	—	—	—	—	
K60 K61		3. HIGH BLOOD PRESSURE	—	—	—	—	
K62 K63		4. CONGENITAL HEART DISEASE	—	—	—	—	
		5. ASTHMA	—	—	—	—	
		6. EMPHYSEMA	—	—	—	—	
		7. ARTHRITIS	—	—	—	—	
		8. DIABETES	—	—	—	—	
		9. THYROID DISEASE	—	—	—	—	
		10. COLOR BLINDNESS	—	—	—	—	
K64 K65	(Mother)	11. BLINDNESS NEEDING TREATMENT	—	—	—	—	
K66 K67		12. DEAFNESS NEEDING TREATMENT	—	—	—	—	
K68 K69		13. CATARACTS NEEDING TREATMENT	—	—	—	—	
K70 K71		14. GLAUCOMA NEEDING TREATMENT	—	—	—	—	
K72 K73		15. CANCER OF THE SKIN	—	—	—	—	
		16. OTHER CANCERS	—	—	—	—	
		17. KIDNEY STONES	—	—	—	—	
		18. OTHER KIDNEY DISEASE	—	—	—	—	
		19. GOUT	—	—	—	—	
		20. STOMACH ULCERS	—	—	—	—	
		21. GALLSTONES	—	—	—	—	
		22. HEPATITIS	—	—	—	—	
		23. OVER 20 LBS. OVERWEIGHT	—	—	—	—	
		24. OTHER INFECTIOUS DISEASES: _____	—	—	—	—	
		25. ANY OTHERS? WHAT: _____	—	—	—	—	

NOW A SERIES OF QUESTIONS ABOUT HIS PARENTS EATING AND DRINKING HABITS PRIOR TO HIS BIRTH. FIRST I'LL ASK YOU ABOUT THINGS PRIOR TO HIS MOTHER'S PREGNANCY AND THEN ABOUT THINGS DURING HER PREGNANCY.

75. TO THE BEST OF YOUR KNOWLEDGE, IN THE YEAR PRIOR TO THE PREGNANCY WHAT WERE THEIR HABITS REGARDING:

		FATHER	MOTHER
K74 K75	HOW MANY DAYS A WEEK WOULD THEY DRINK COFFEE?	—	—
K76 K77	HOW MANY CUPS OF COFFEE PER DRINKING DAY WERE THEY LIKELY TO HAVE?	—	—
K78 K79	HOW MANY DAYS A WEEK WOULD THEY DRINK TEA?	—	—
L1 L2			
L3 L4 L5 L6			
L7 L8			
L9 L10	HOW MANY CUPS OF TEA PER DAY WERE THEY LIKELY TO HAVE?	—	—
L11 L12	HOW MANY DAYS A WEEK WOULD THEY DRINK COLA?	—	—
L13 L14	HOW MANY CUPS OF COLA PER DAY WERE THEY LIKELY TO HAVE?	—	—
L15 L16	HOW MANY DAYS A WEEK WERE THEY LIKELY TO DRINK ALCOHOL BEVERAGES?	—	—
L17 L18	HOW MANY DRINKS WERE THEY LIKELY TO HAVE ON A DRINKING DAY (NOTE: 1 DRINK=4OZ. WINE, 12 OZ. BEER, A SINGLE SHOT-MIXED DRINK)?	—	—
L19 L20	HOW MANY DAYS A WEEK WERE THEY LIKELY TO SMOKE CIGARETTES?	—	—
L21 L22 L23 L24	HOW MANY CIGARETTES PER DAY?	—	—

76. WHAT WOULD YOU ESTIMATE TO BE HIS PARENTS EATING HABITS IN THE YEAR PRIOR TO THE PREGNANCY?

L25 FATHER \_\_\_\_\_ CODE: POOR (1)  
 LESS THAN OPTIMAL (2)  
 L26 MOTHER \_\_\_\_\_ OPTIMAL (3)

77. IN THE YEAR PRIOR TO THE PREGNANCY DID HIS FATHER SMOKE CIGARS?

L27 (0) \_\_\_ No IF YES, HOW MANY PER DAY? \_\_\_\_\_ CIGARS

78. IN THE YEAR PRIOR TO THE PREGNANCY DID HIS FATHER SMOKE A PIPE?

L28 (0) \_\_\_ No IF YES, HOW MANY PIPEFULS PER DAY? \_\_\_\_\_ PIPES

79. IN THE YEAR PRIOR TO THE PREGNANCY, WERE EITHER OF HIS PARENTS LIKELY TO TAKE ANY OF THE FOLLOWING SUBSTANCES ONCE A WEEK OR MORE OR AT LEAST 10 DAYS IN A ROW?

		FATHER		MOTHER		
		No	Yes	No	Yes	
L29	L30 (Father)	1.	HIGH BLOOD PRESSURE, PILLS	___	___	HAND OUT CARD
L31	L32	2.	WATER PILLS (DIURETIC)	___	___	
L33	L34	3.	ASTHMA MEDICINES	___	___	
L35	L36	4.	ANTIHISTAMINES	___	___	
L37	L38	5.	ASPIRIN LIKE DRUGS	___	___	
		6.	INSULINE	___	___	
		7.	ORAL DIABETIC MEDICINES	___	___	
		8.	THYROID PILLS	___	___	
		9.	MARIJUANA	___	___	
		10.	HALLUCINOGENS LIKE LSD	___	___	
		11.	GOUT PILLS	___	___	
		12.	ANTIBIOTICS	___	___	
L39	L40 (Mother)	13.	STOMACH PILLS FOR ULCERS	___	___	
L41	L42	14.	ANTACID	___	___	
L43	L44	15.	SLEEPING PILLS	___	___	
L45	L46	16.	TRANQUILIZERS LIKE VALIUM, LIBRIUM	___	___	
L47	L48	17.	TRANQUILIZERS LIKE THORAZINE, STELAZINE, ETC.	___	___	
		18.	STIMULANTS LIKE AMPHETAMINE, DIET PILLS, ETC.	___	___	
		19.	ANY OTHERS: _____	___	___	

90. IN THE YEAR PRIOR TO THE PREGNANCY WERE EITHER HIS MOTHER OR FATHER WORKING IN A PLACE WHERE THEY WERE LIKELY TO BE AROUND ANY OF THE FOLLOWING CONDITIONS?

		FATHER		MOTHER		
		No	Yes	No	Yes	
L49	L50 (Father)	1.	CHEMICALS, CLEANING FLUIDS OR SOLVENTS	___	___	HAND OUT CARD
L51	L52	2.	INSECT OR PLANT SPRAYS	___	___	
L53	L54	3.	AMMONIA, CHLORINE, OZONE, OR NITROUS GASES	___	___	
L55	L56	4.	ENGINE EXHAUST FUMES (MORE THAN 2 HRS. A DAY)	___	___	
L57	L58	5.	PLASTIC OR RESIN FUMES	___	___	
		6.	LEAD FUMES OR METAL FUMES	___	___	
		7.	ASBESTOS, CEMENT, OR GRAIN DUSTS	___	___	
		8.	SILICA, SANDBLASTING, GRINDING OR ROCK DRILLING DUST	___	___	
L59	L60 (Mother)	9.	X-RAY OR RADIOACTIVITY	___	___	
L61	L62	10.	ULTRAVIOLET RADIATION	___	___	
L63	L64	11.	EXTREME HEAT	___	___	
L65	L66	12.	DRY CLEANING	___	___	
L67	L68	13.	OTHER ADVERSE CONDITIONS. EXPLAIN: _____	___	___	

L69

81. HOW MANY MONTHS WAS HIS MOTHER PREGNANT WITH HIM? \_\_\_\_\_ MONTHS

82. DURING HER PREGNANCY, DO YOU KNOW IF SHE HAD ANY OF THE FOLLOWING PROBLEMS?

L70 L71

L72 L73

L74 L75

1. GERMAN MEASLES
2. CHICKEN POX
3. MONONUCLEOSIS
4. SHINGLES
5. POLIO
6. RHEUMATIC FEVER
7. BRONCHITIS
8. PNEUMONIA
9. TUBERCULOSIS
10. KIDNEY BLADDER INFECTION
11. HEPATITIS
12. INTESTINAL INFECTION WITH PARASITES
13. ANEMIA
14. MUMPS
15. TEETH PROBLEMS
16. OBESITY (20 LBS. OVERWEIGHT)
17. ANY OTHER, PLEASE EXPLAIN.

YES

NO

HAND  
OUT  
CARD

83. TO THE BEST OF YOUR KNOWLEDGE, DURING HER PREGNANCY WHAT WERE HER HABITS REGARDING:

L76

HOW MANY DAYS A WEEK WOULD SHE DRINK COFFEE? \_\_\_\_\_

L77

HOW MANY CUPS OF COFFEE PER DRINKING DAY WAS SHE LIKELY TO HAVE? \_\_\_\_\_

L78

HOW MANY DAYS A WEEK WOULD SHE DRINK TEA? \_\_\_\_\_

L79

HOW MANY CUPS OF TEA PER DAY WAS SHE LIKELY TO HAVE? \_\_\_\_\_

L80

HOW MANY DAYS A WEEK WOULD SHE DRINK COLA \_\_\_\_\_

M1 M2

M3 M4 M5 M6

M7 M8

M9 M10

HOW MANY CUPS OF COLA PER DAY WAS SHE LIKELY TO HAVE? \_\_\_\_\_

M11

HOW MANY DAYS A WEEK WAS SHE LIKELY TO DRINK ALCOHOL BEVERAGES \_\_\_\_\_

M12 M13

HOW MANY DRINKS WAS SHE LIKELY TO HAVE ON A DRINKING DAY (NOTE: 1 DRINK = 4 oz. WINE, 12 oz. BEER, A SINGLE SHOT-MIXED DRINK) \_\_\_\_\_

M14

HOW MANY DAYS A WEEK WAS SHE LIKELY TO SMOKE CIGARETTES \_\_\_\_\_

M15 M16

HOW MANY CIGARETTES PER DAY \_\_\_\_\_

84. ESTIMATE HIS MOTHER'S EATING HABITS DURING THE PREGNANCY.

\_\_\_\_ POOR (1) \_\_\_\_ LESS THAN OPTIMAL (2) \_\_\_\_ OPTIMAL (3)

M17

85. DURING THE PREGNANCY, TO THE BEST OF YOUR KNOWLEDGE, DID HIS MOTHER TAKE ANY DRUGS?

M18

DRUGS: PRESCRIBED \_\_\_\_ No (0) \_\_\_\_ Yes (1) \_\_\_\_\_

M19

DRUGS: STREET \_\_\_\_ No (0) \_\_\_\_ Yes (1) \_\_\_\_\_

86. TO THE BEST OF YOUR KNOWLEDGE, HOW MANY TIMES WAS HIS MOTHER LIKELY TO HAVE HAD X-RAYS OF ANY KIND DURING THE PREGNANCY?

M20 \_\_\_\_\_ TIMES

97. DURING THE PREGNANCY, DID HIS MOTHER WORK IN A PLACE WHERE SHE WAS LIKELY TO BE AROUND ANY OF THE FOLLOWING SUBSTANCES AT LEAST ONCE A WEEK?

		<u>YES</u>	<u>NO</u>	
<u>M21</u> <u>M22</u>	1. CHEMICALS, CLEANING FLUIDS OR SOLVENTS	---	---	(HAND OUT CARD)
	2. INSECT OR PLANT SPRAYS	---	---	
<u>M23</u> <u>M24</u>	3. AMMONIA, CHLORINE, OZONE, OR NITROUS GASES	---	---	
<u>M25</u> <u>M26</u>	4. ENGINE EXHAUST FUMES (MORE THAN 2 HOURS A DAY)	---	---	
	5. PLASTIC OR RESIN FUMES	---	---	
<u>M27</u> <u>M28</u>	6. LEAD FUMES OR METAL FUMES	---	---	
	7. ASBESTOS, CEMENT, OR GRAIN DUSTS	---	---	
<u>M29</u> <u>M30</u>	8. SILICA, SANDBLASTING, GRINDING OR ROCK DRILLING DUST	---	---	
	9. X-RAY OR RADIOACTIVITY	---	---	
	10. ULTRAVIOLET RADIATION	---	---	
	11. EXTREME HEAT	---	---	
	12. DRY CLEANING	---	---	

\*\*\*\*\*

THANK YOU FOR ALL YOUR HELP. THAT'S THE END OF THE QUESTIONS I HAVE. ARE THERE ANY SECTIONS WE SHOULD GO OVER AGAIN? DO YOU HAVE ANY QUESTIONS FOR ME?

M31 INTERVIEWER: (0) \_\_\_\_\_ None (Questionnaire) (5) Nancy Martin  
 (1) \_\_\_\_\_ Gordon Saunders (6) \_\_\_\_\_  
 (2) \_\_\_\_\_ Pam Kurz (7) \_\_\_\_\_  
 (3) \_\_\_\_\_ Joanne Perron (8) \_\_\_\_\_  
 (4) \_\_\_\_\_ Chuck Morrison

M32 M33 LENGTH OF INTERVIEW (Code in minutes)

M34 HOW INTERVIEW WAS CONDUCTED: (1) \_\_\_\_\_ In person in the hospital  
 (2) \_\_\_\_\_ In person outside the hospital  
 (3) \_\_\_\_\_ Over the phone

## MICHIGAN ALCOHOLISM SCREENING TEST (MAST)

- Author: Melvin L. Selzer
- Assessment Areas Covered: Diagnosis, prognosis
- Administration: Administered by clinician or self-administered (15 minutes), at screening
- Design Features: 24 items
- Abstract: The Michigan Alcoholism Screening Test (MAST) provides a consistent, quantifiable interview instrument to detect alcoholism. It is intended for use as a screening instrument and has high reliability ( $\alpha = .95$ ) and validity ( $r = .90$ ). This widely used test is brief and easily scored.
- Related Published Reports:
- Selzer, M.L. The Michigan Alcoholism Screening Test: The quest for a new diagnostic instrument. American Journal of Psychiatry, 127:1653-1658, 1971.<sup>1</sup>
- Selzer, M.L.; Vinokur, A.; and van Rooijen, L. A self-administered short version of the Michigan Alcoholism Screening Test (SMAST). Journal of Studies on Alcohol, 36:117-126, 1975.
- Skinner, H.A., and Sheu, W-J. Reliability of alcohol use indices: The Lifetime Drinking History and the MAST. Journal of Studies on Alcohol, 43:1157-1170, 1982.<sup>1</sup>
- Brady, J.; Foulks, E.; Childress, A.; and Pertschuk, M. The Michigan Alcoholism Screening Test as a survey instrument. Journal of Operational Psychiatry, 13:27-31, 1982.
- Moore, R.A. The diagnosis of alcoholism in a psychiatric hospital: A trial of the Michigan Alcoholism Screening Test (MAST). American Journal of Psychiatry, 128:1565-1569, 1972.
- Favazza, A.R., and Cannell, B. Screening for alcoholism among college students. American Journal of Psychiatry, 134:1414-1416, 1977.
- Yoder, R.D., and Moore, R.A. Characteristics of convicted drunken drivers. Quarterly Journal of Studies on Alcohol, 34:927-936, 1973.
- Brown, R.A. Use of the Michigan Alcohol Screening Test with hospitalized alcoholics, psychiatric patients, drinking drivers, and social drinkers in New Zealand. American Journal of Drug and Alcohol Abuse, 6:375-381, 1979.
- Zung, B.J. Factor structure of the Michigan Alcoholism Screening Test. Journal of Studies on Alcohol, 39:56-67, 1978.
- Zung, B.J., and Charalampous, K.D. Item analysis of the Michigan Alcoholism Screening Test. Journal of Studies on Alcohol, 36:127-132, 1975.

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<sup>1</sup> Refer to volume 1 in this series, Summaries of Alcoholism Treatment Assessment Research, for a further discussion of this article.



Zung, B.J. Unidimensionality of the Michigan Alcoholism Screening Test. British Journal of Addiction, 75:389-391, 1980.

Skinner, H. A. A multivariate evaluation of the MAST. Journal of Studies on Alcohol, 40:831-844, 1979.

Zung, B.J. Factor structure of the Michigan Alcoholism Screening Test in a psychiatric outpatient population. Journal of Clinical Psychology, 36: 1024-1030, 1980.

Zung, B.J., and Ross, M. Factor structure of the Michigan Alcoholism Screening Test (MAST) among acutely disturbed psychiatric patients. Journal of Clinical Psychology, 36:806-812, 1980.

Availability Source: Melvin L. Selzer, M.D., 6967 Paseo Laredo, La Jolla, California 92037  
(There is a \$5.00 charge for a copy of the MAST. There is no fee for use.)

MICHIGAN ALCOHOLISM SCREENING TEST (MAST)

<u>Points</u>		YES	NO
0.	Do you enjoy a drink now and then?	_____	_____
(2) *1.	Do you feel you are a normal drinker? (By normal we mean you drink less than or as much as most other people).	_____	_____
(2)	2. Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of the evening?	_____	_____
(1)	3. Does your wife, husband, a parent, or other near relative ever worry or complain about your drinking?	_____	_____
(2) *4	Can you stop drinking without a struggle after one or two drinks?	_____	_____
(1)	5. Do you ever feel guilty about your drinking?	_____	_____
(2) *6.	Do friends or relatives think you are a normal drinker?	_____	_____
(2) *7.	Are you able to stop drinking when you want to?	_____	_____
(5)	8. Have you ever attended a meeting of Alcoholics Anonymous (AA)?	_____	_____
(1)	9. Have you gotten into physical fights when drinking?	_____	_____
(2)	10. Has your drinking ever created problems between you and your wife, husband, a parent, or other relative?	_____	_____
(2)	11. Has your wife, husband (or other family members) ever gone to anyone for help about your drinking?	_____	_____
(2)	12. Have you ever lost friends because of your drinking?	_____	_____
(2)	13. Have you ever gotten into trouble at work or school because of drinking?	_____	_____
(2)	14. Have you ever lost a job because of drinking?	_____	_____
(2)	15. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?	_____	_____
(1)	16. Do you drink before noon fairly often?	_____	_____
(2)	17.. Have you ever been told you have liver trouble? Cirrhosis?	_____	_____

\* Alcoholic response is negative.

	YES	NO
(2) **18. After heavy drinking have you ever had Delirium Tremens (D.T.'s) or severe shaking, or heard voices or seen things that really weren't there?	_____	_____
(5) 19. Have you ever gone to anyone for help about your drinking?	_____	_____
(5) 20. Have you ever been in a hospital because of drinking?	_____	_____
(2) 21. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where drinking was part of the problem that resulted in hospitalization?	_____	_____
(2) 22. Have you ever been seen at a psychiatric or mental health clinic or gone to any doctor, social worker, or clergyman for help with any emotional problem, where drinking was part of the problem?	_____	_____
(2) ***23. Have you ever been arrested for drunk driving, driving while intoxicated, or driving under the influence of alcoholic beverages? (IF YES, How many times? _____ )	_____	_____
(2) ***24. Have you ever been arrested, or taken into custody, even for a few hours, because of other drunk behavior? (IF YES, How many times? _____ )	_____	_____

\*\*5 points for Delirium Tremens  
 \*\*\*2 points for each arrest

SCORING SYSTEM: In general, five points or more would place the subject in an "alcoholic" category. Four points would be suggestive of alcoholism, three points or less would indicate the subject was not alcoholic.

Programs using the above scoring system find it very sensitive at the five point level and it tends to find more people alcoholic than anticipated. However, it is a screening test and should be sensitive at its lower levels.

References

Selzer, M.L., The Michigan Alcoholism Screening Test (MAST): The Quest for a New Diagnostic Instrument. *American Journal of Psychiatry*, 3:176-181, 1971.

Selzer, M.L., Vinokur, A., and van Rooijen, L., A Self-Administered Short Version of the Michigan Alcoholism Screening Test (SMAST). *Journal of Studies on Alcohol*, 36:117-126, 1975.

## LIFETIME DRINKING HISTORY

- Author: Harvey A. Skinner
- Assessment Areas Covered: Alcohol consumption quantity/frequency, behavioral aspects of drinking, types of beverages, drinking style, life events, epidemiology
- Administration: Administered by an interviewer (approximately 20 to 30 minutes), voluntary, anonymous
- Design Features: Record sheet, guidelines for administering the interview, computer program for scoring the interview
- Abstract: The Lifetime Drinking History is a structured interview that was designed to provide quantitative indexes of an individual's alcohol consumption patterns from the onset of regular drinking. In a chronological fashion, the interviewer traces the individual's alcohol consumption behavior from the age of first regular drinking to the present. In addition to actual consumption levels (quantity), attention is focused on the frequency of alcohol use, variability in consumption, types of beverages consumed, life events that mark a change in drinking patterns, solitary versus social drinking, and time of day when alcohol is consumed.
- In a test-retest reliability study, lifetime alcohol consumption indexes achieved reasonably high reliability (.94 for lifetime duration of drinking, .80 for lifetime total volume consumed, .68 for lifetime daily drinking average). The concurrent validity of the Lifetime Drinking History was evaluated with respect to various disabilities related to alcohol abuse. Generally, as the lifetime and current level of alcohol consumption increased, there was a corresponding increase in both medical and psychosocial consequences related to excessive drinking. Also, lifetime drinking history indexes were correlated with biochemical abnormalities (especially liver functioning), physical signs and symptoms, neuropsychological functioning, and psychopathology. A summary of research to date on the Lifetime Drinking History is given in Skinner (1982).
- Related Published Reports: Skinner, H.A., and Sheu, W-J. Reliability of alcohol use indices: The Lifetime Drinking History and the MAST. Journal of Studies on Alcohol, 43:1157-1170, 1982.<sup>1</sup>
- Skinner, H.A. Development and Validation of a Lifetime Alcohol Consumption Assessment Procedure. Substudy No. 1248. Toronto: Addiction Research Foundation, 1982.
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Refer to volume 1 in this series, Summaries of Alcoholism Treatment Assessment Research, for a further discussion of this article.

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Availability Source: Harvey A. Skinner, Ph.D., Addiction Research Foundation, 33 Russell  
Street, Toronto, Ontario, Canada M5S 2S1. There is no fee at present for  
use.

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Alcohol, Drug Abuse, and Mental Health Administration, National Institute on  
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## INSTRUCTIONS FOR THE LIFETIME DRINKING HISTORY

The Lifetime Drinking History is a structured interview that is designed to provide quantitative indices of an individual's alcohol consumption patterns from the onset of regular drinking. In addition to actual consumption levels (quantity), attention is focused upon the frequency of use, variability in consumption, types of beverages, life events that mark a change in drinking pattern, solitary versus social drinking, and time of day when alcohol is consumed. The interviewer begins by recording the person's alcohol consumption behaviour during the first year that he/she drank on a regular basis (at least one drink per month). Then, the individual is asked to think of when his/her drinking behaviour changed in any appreciable way. In a chronological fashion, the interviewer traces the individual's alcohol consumption behaviour from the age of first regular drinking to the present.

The interview takes approximately 20 to 30 minutes to complete. It is best given after a reasonable degree of rapport has been established, whereby the individual will feel more at ease and talk openly. Often, considerable probing and cross-referencing of facts is necessary to help in accurate recall. All information should be recorded under the appropriate heading on the answer sheet. Table 1 describes quantitative indices that are computed from these data.

The Lifetime Drinking History is being evaluated in various research studies that are discussed below. The author would value feedback from anyone who is using this instrument for research and/or clinical functions.

## Introduction

"I am going to ask you questions about your drinking history. I'd like to start with the year that you first began drinking regularly (i.e., at least once a month), and work forward to the present. Please give me information as accurately as you can about what type of beverage you were drinking, how much, and how often."

### I. First Stage

"Now, I am going to ask you about your drinking pattern during the first year that you began to have at least one drink per month. How old were you when you began regular drinking?" Record the age to one decimal point on the answer sheet.

#### Quantity

"How many drinks would you have on an average per occasion (drinking day)?"

- One drink (approximately) = 12 oz. Canadian Beer
- = 1½ oz. Liquor (40% alcohol)
- = 5 oz. Wine
- = 3 oz. Fortified Wine (e.g., Sherry)
- = 17 ml absolute alcohol
- = 13.6 g absolute alcohol

Record the average number of drinks per drinking day. "What is the most or maximum number of drinks you would have in any one day?" Record the maximum number of drinks. Note, this is the maximum number that the person actually would drink, not an estimate of his/her potential capacity.

### Frequency

"How many days per month would you generally drink at this level"? (i.e., average drinks).

Record the number of days under the Frequency heading.

### Type

"What type of beverage would you usually consume in an average month?"

Record the relative percentages of Beer, Liquor or Wine. (This section should add up to 100%).

### Style

"How would you rate your usual style of drinking during an average month?" Check the appropriate category from:

- |       |                                  |   |                                          |
|-------|----------------------------------|---|------------------------------------------|
| Blank | = Abstinent                      | 3 | = Binge (at least 3 days heavy drinking) |
| 1     | = Occasional (less than 15 days) | 4 | = Frequent (15 days or more per month)   |
| 2     | = Weekend mainly                 |   |                                          |



## Life Event

*"Did any important event or events occur during this period that altered your usual drinking habits?"* Examples could be loss of spouse, unemployment, prison term, hospitalization (Table 2). Record these events by circling the appropriate code number. If no important event occurred that influenced the person's drinking behaviour, then leave this section blank. *"What was your perception of this event? Would you say that it had a positive (desirable), negative (undesirable) or neutral (no) effect on your life?"* If the person said it was positive then record a "+" sign beside the code number, if negative then record a "-" sign, or if neutral then leave blank.

## Context

*"What percentage of the time would you drink alone, and what percentage of the time with at least one other person?"* Record the appropriate values beside Alone and With Others. (This section should add up to 100%).

## Time

*"During what time of the day would you do most of your drinking? Could you give me the percentage of time during the evening, afternoon and morning?"* Record the appropriate values beside Morning, Afternoon and Evening. (This section should add up to 100%).

## II. Subsequent Phases

*"We have just discussed your drinking habits at the point when you first began to drink regularly. Now I want you to think to when your drinking behaviour was different in a significant way from this time. This could be the next 6 months or perhaps 2 or 5 years later. Can you think of any events in your life that changed and may have altered your drinking habits?"*

Establish when the person's drinking behaviour first change in a significant way from that recorded under First Stage. Since this drinking history is aimed at major trends, some judgment will be necessary in differentiating important from minor changes in drinking patterns. Fill in the age range, and repeat the questions for Frequency, Quantity, Type, Style, Life Events, Context, and Time.

Probe further into the person's history to note changes in drinking behaviour. Make sure that all years are covered from the year when the individual first started drinking on a regular basis (i.e., at least once a month) to his/her present age. A copy of the Lifetime Drinking History record form is given in Table 3. After conducting the interview, care should be taken to ensure that all sections are complete and that the age range runs in a chronological sequence with no overlap or age gaps. Some interviewers find it convenient to keep rough notes during the actual interview, and then fill out a good copy of the record form afterwards.

Given the basic statistics in Table 1, various indices may be calculated such as a ratio of continuous-to-intermittent drinking (Table 4). For research studies using the Lifetime Drinking History, one should consider a transformation of the various indices. Depending upon the population under study, the consumption indices will generally have a positively skewed or Poisson distribution. With data collected on clients at the Clinical Institute, we have found a square-root transformation to yield scores that conform quite closely to a normal or Gaussian distribution. However, in nonclinical populations a stronger transformation (such as the logarithm) may be more appropriate. With indices that are based on percentages (proportions) an arcsine transformation is typically used. In the Lifetime Drinking History percentages are employed with beverage Type, Context and Time of drinking.

Table 1

Lifetime Drinking History Statistics

I For Each Phase

- a) *Phase Length* = Age at end of phase - Age at start of phase +.1
- b) *Monthly Drinking Total* = Frequency x Quantity/Weight (kg)
- c) *Phase Drinking Total* = Monthly Drinking Total x Phase Length
- d) *Average Daily Consumption* = Monthly Drinking Total/30
- e) *Drinking Day Consumption* = Average Quantity/Weight (kg)
- f) *Variability* = Maximum Quantity - Average Quantity
- g) *Type* = % Beer, % Liquor, and % Wine
- h) *Style* = either Abstinent, Occasional, Weekend, Binge, or Frequent
- i) *Life Event* = any events or changes that influenced consumption levels
- j) *Context* = % Alone and % With Others
- k) *Time* = % Morning, % Afternoon, % Evening.

II. Lifetime

- a) *Duration* = Present Age - Age at first regular drinking + .1
- b) *Lifetime Drinking Total* =  $\sum^{\text{phases}}$  Phase Drinking Total
- c) *Lifetime Daily Average* = Lifetime Drinking Total / (365 x Duration)
- d) *Lifetime Drinking Day Average* =  $\frac{\sum^{\text{phases}} \text{Drinking Day Consumption} \times \text{Phase Length}}{\text{Duration}}$
- e) *Lifetime Variability* =  $\frac{\sum^{\text{phases}} \text{Variability} \times \text{Phase Length}}{\text{Duration}}$
- f) *Type* = % distribution over lifetime of the 3 beverages
- g) *Style* = % distribution over lifetime of the 5 possible styles
- h) *Life Event* = frequency distribution of occurrence over lifetime of the 12 event codes
- i) *Context* = % distribution over lifetime of Alone versus With Others
- j) *Time* = % distribution over lifetime of the 3 times

Table 2  
Description of Life Event Codes

Code	Event Description	Examples
1. Marital-Family	Any changes in marital status or family functioning that precipitated a shift in alcohol consumption level	1. got married (divorced or separated) 2. illness in the family 3. new baby in the family
2. Work	Any changes or events associated with employment status and demands	1. started work 2. lost job, became unemployed 3. promotion, new pressures
3. School	Events related to school	1. quit school 2. academic problems 3. changed schools
4. Medical	Onset of a medical problem or change in medical status	1. drinking to kill pain 2. hospitalized for broken leg 3. told had alcoholic liver disease
5. Residence	Change in residential location or status	1. moved to Canada 2. moved out from parent's home 3. change in residence
6. Legal-Jail	Changes in legal status and/or incarceration	1. sent to jail 2. on probation/parole 3. awaiting trial
7. Financial	Financial problems or increase in personal wealth	1. lost money on stock market 2. won a lottery 3. many debts, little money to buy booze
8. Peer Group	Pressure from one's peers either to start drinking, increase consumption, or decrease drinking	1. all kids were trying it 2. new friends don't drink 3. drank to be "one of the boys"
9. Drug Abuse	Started using drugs or a substitute for alcohol or stopped drugs and commenced alcohol abuse	1. drank more since couldn't get drugs 2. no money for drugs, thus drank 3. stopped drinking when started drugs
10. Treatment	Alteration in consumption level while under "treatment" for alcohol or drug dependency	1. in a residential treatment program 2. on antabuse 3. joined Alcoholics Anonymous
11. Death	Death of someone close which influenced drinking behaviour	1. death of family member 2. child died 3. death of close friend
12. Emotional	Emotional-psychological changes or problems that altered consumption level	1. drank to relieve tension 2. felt very lonely 3. cut down drinking since less depressed

Note. Code an event only if the patient agreed that this occurrence actually influenced his drinking pattern. Only code the principal life event or events, not all minor changes that may have occurred.

# LIFETIME DRINKING HISTORY

IDENTIFIER \_\_\_\_\_ NAME \_\_\_\_\_ WEIGHT \_\_\_\_\_ KG \_\_\_\_\_ HEIGHT \_\_\_\_\_ CM

DATE \_\_\_\_\_ DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_ # OF PHASES \_\_\_\_\_

AGE RANGE YOUNGER TO OLDER		FREQUENCY DAYS/MONTH	QUANTITY DRINKS/DAY	TYPE %	STYLE (CIRCLE ONE)	LIFE EVENT OR CHANGES POSITIVE (+) OR NEGATIVE (-)	CONTEXT %	TIME %
From _____	To _____	_____	Average _____ Maximum _____	Beer _____ Liquor _____ Wine _____	1 Occasional 2 Weekend 3 Binge 4 Frequent	1 Family _____ 2 Work _____ 3 School _____ 4 Medical _____ 5 Residence _____ 6 Legal-Jail _____ 7 Financial _____ 8 Peer Group _____ 9 Drug Use _____ 10 Treatment _____ 11 Death _____ 12 Emotional _____	Alone _____ With Others _____	Morning _____ Afternoon _____ Evening _____
From _____	To _____	_____	Average _____ Maximum _____	Beer _____ Liquor _____ Wine _____	1 Occasional 2 Weekend 3 Binge 4 Frequent	1 Family _____ 2 Work _____ 3 School _____ 4 Medical _____ 5 Residence _____ 6 Legal-Jail _____ 7 Financial _____ 8 Peer Group _____ 9 Drug Use _____ 10 Treatment _____ 11 Death _____ 12 Emotional _____	Alone _____ With Others _____	Morning _____ Afternoon _____ Evening _____
From _____	To _____	_____	Average _____ Maximum _____	Beer _____ Liquor _____ Wine _____	1 Occasional 2 Weekend 3 Binge 4 Frequent	1 Family _____ 2 Work _____ 3 School _____ 4 Medical _____ 5 Residence _____ 6 Legal-Jail _____ 7 Financial _____ 8 Peer Group _____ 9 Drug Use _____ 10 Treatment _____ 11 Death _____ 12 Emotional _____	Alone _____ With Others _____	Morning _____ Afternoon _____ Evening _____
From _____	To _____	_____	Average _____ Maximum _____	Beer _____ Liquor _____ Wine _____	1 Occasional 2 Weekend 3 Binge 4 Frequent	1 Family _____ 2 Work _____ 3 School _____ 4 Medical _____ 5 Residence _____ 6 Legal-Jail _____ 7 Financial _____ 8 Peer Group _____ 9 Drug Use _____ 10 Treatment _____ 11 Death _____ 12 Emotional _____	Alone _____ With Others _____	Morning _____ Afternoon _____ Evening _____

1mo = .1    5mo = .4    9mo = .8  
 2mo = .2    6mo = .5    10mo = .8  
 3mo = .3    7mo = .6    11mo = .9  
 4mo = .3    8mo = .7    12mo = 1.0

1 Drink (approx.) = 12 oz. beer  
 1 1/2 oz. liquor  
 5 oz. wine  
 3 oz. fortified wine  
 13.6 g absolute alcohol

Liquor: 1 mickey (12 oz) = 8 Drinks  
 1 bottle (25 oz) = 17 Drinks  
 Wine: 1 bottle (25 oz) = 5 Drinks  
 1 bottle fortified = 8 Drinks

# INDICES CALCULATED FROM THE LIFETIME DRINKING HISTORY

## I LIFETIME TOTAL

- 1) Duration of regular drinking (years)
- 2) Duration of "heavy" drinking (years)  
greater than 80 g/day or 6 drinks
- 3) Duration of abstinence (years)
- 4) Lifetime total (g.absolute alcohol/kg.body weight)
- 5) Daily average (g/kg)
- 6) Average per drinking day (g/kg)
- 7) Continuous vs. Intermittent Drinking Ratio (5/6)
- 8) Volume variability (maximum per day - daily average)
- 9) Beverage Type: % Beer, Liquor, Wine, Other
- 10) Style: Occasional, weekend, binge, frequent
- 11) Life events: record changes that influenced consumption levels
- 12) Context: % drinking Alone vs With Others
- 13) Time: % drinking during Morning, Afternoon, Evening

## II. PHASE TOTAL (EG, PAST YEAR)

- 1) Duration (years)
- 2) Duration of "heavy" drinking (years)  
greater than 80 g/day or 6 drinks
- 3) Duration of abstinence (years)
- 4) Drinking total (g. absolute alcohol/kg. body weight)
- 5) Daily average (g/kg)
- 6) Average per drinking day (g/kg)
- 7) Continuous vs. Intermittent Drinking Ratio (5/6)
- 8) Volume variability (maximum per day - daily average)
- 9) Beverage Type: % Beer, Liquor, Wine, Other
- 10) Style: occasional, weekend, binge frequent
- 11) Life events: record changes that influenced consumption levels
- 12) Context: % drinking Alone vs With Others
- 13) Time: % drinking during Morning, Afternoon, Evening
- 14) Frequency of drinking (days/month)

## EXAMPLE

The Lifetime Drinking History is depicted on the next three pages from a patient at the Clinical Institute. This patient was a male, age 34, who had two children. He has been separated from his wife for about two years. This patient had a grade 11 level of education and worked as a skilled tradesman. He was referred to the Clinical Institute by his physician for problems associated with alcohol abuse. He had an average level of intellectual ability, and scored 24 on the MAST (Selzer, 1971). This MAST score is well above the cutoff point of 5 suggested by Selzer (1971) as presumptive evidence of alcoholism.

The Lifetime Drinking History contains two distinct stages. From age 25.0 to 31.9 the patient was drinking at a moderate level, averaging 2 drinks per session that were predominantly on weekends. He averages 30 drinks per month (510 ml absolute alcohol). However, at age 32.0 difficulties occurred in the marriage which resulted in separation. In response to this crisis the patient began to drink both heavily (25 drinks per day) and continually (30 days a month). He has maintained this high level of consumption to the present. Thus, in response to a life crisis (marital problems), this individual quickly changed from a moderate to a hazardous level of alcohol consumption (750 drinks per month, 12,750 ml absolute alcohol).



LIFETIME DRINKING HISTORY

IDENTIFIER \_\_\_\_\_ NAME EXAMPILE \_\_\_\_\_ HEIGHT 118.5 CM

DATE 0111 DAY MONTH YEAR 718 # OF PHASES 12 WEIGHT 175 KG

AGE RANGE YOUNGER TO OLDER	FREQUENCY DAYS/MONTH	QUANTITY DRINKS/DAY	TYPE %	STYLE (CIRCLE ONE)	LIFE EVENT OR CHANGES POSITIVE (+) OR NEGATIVE (-)	CONTEXT %	TIME %
From <u>25.0</u> To <u>31.9</u>	<u>15</u>	Average <u>2</u> Maximum <u>5</u>	Beer <u>70</u> Liquor <u>30</u> Wine <u>0</u>	1 Occasional 2 <u>Weekend</u> 3 Binge 4 Frequent	1 Family 2 Work 3 School 4 Medical 5 Residence 6 Legal-Jail 7 Financial 8 Peer Group 9 Drug Use 10 Treatment 11 Death 12 Emotional	Alone <u>0</u> With Others <u>100</u>	Morning <u>0</u> Afternoon <u>0</u> Evening <u>100</u>
From <u>32.0</u> To <u>34.4</u>	<u>30</u>	Average <u>25</u> Maximum <u>30</u>	Beer <u>90</u> Liquor <u>10</u> Wine <u>0</u>	1 Occasional 2 Weekend 3 Binge 4 <u>Frequent</u>	1 <u>Family</u> 2 Work 3 School 4 Medical 5 Residence 6 Legal-Jail 7 Financial 8 Peer Group 9 Drug Use 10 Treatment 11 Death 12 Emotional	Alone <u>50</u> With Dthers <u>50</u>	Morning <u>25</u> Afternoon <u>25</u> Evening <u>50</u>
From _____ To _____	_____	Average _____ Maximum _____	Beer _____ Liquor _____ Wine _____	1 Occasional 2 Weekend 3 Binge 4 Frequent	1 Family 2 Work 3 School 4 Medical 5 Residence 6 Legal-Jail 7 Financial 8 Peer Group 9 Drug Use 10 Treatment 11 Death 12 Emotional	Alone _____ With Dthers _____	Morning _____ Afternoon _____ Evening _____
From _____ To _____	_____	Average _____ Maximum _____	Beer _____ Liquor _____ Wine _____	1 Occasional 2 Weekend 3 Binge 4 Frequent	1 Family 2 Work 3 School 4 Medical 5 Residence 6 Legal-Jail 7 Financial 8 Peer Group 9 Drug Use 10 Treatment 11 Death 12 Emotional	Alone _____ With Dthers _____	Morning _____ Afternoon _____ Evening _____

1mo = .1  
2mo = .2  
3mo = .3  
4mo = .3  
5mo = .4  
6mo = .5  
7mo = .6  
8mo = .7  
9mo = .8  
10mo = .8  
11mo = .9  
12mo = 1.0

1 Drink (approx.) = 12 oz. beer  
1 1/2 oz. liquor  
5 oz. wine  
3 oz. fortified wine  
13.6 g absolute alcohol

Liquor: 1 mickey (12 oz) = 8 Drinks  
1 bottle (25 oz) = 17 Drinks  
Wine: 1 bottle (25 oz) = 5 Drinks  
1 bottle fortified = 8 Drinks

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Table 5

## Summary Indices For the Example Patient

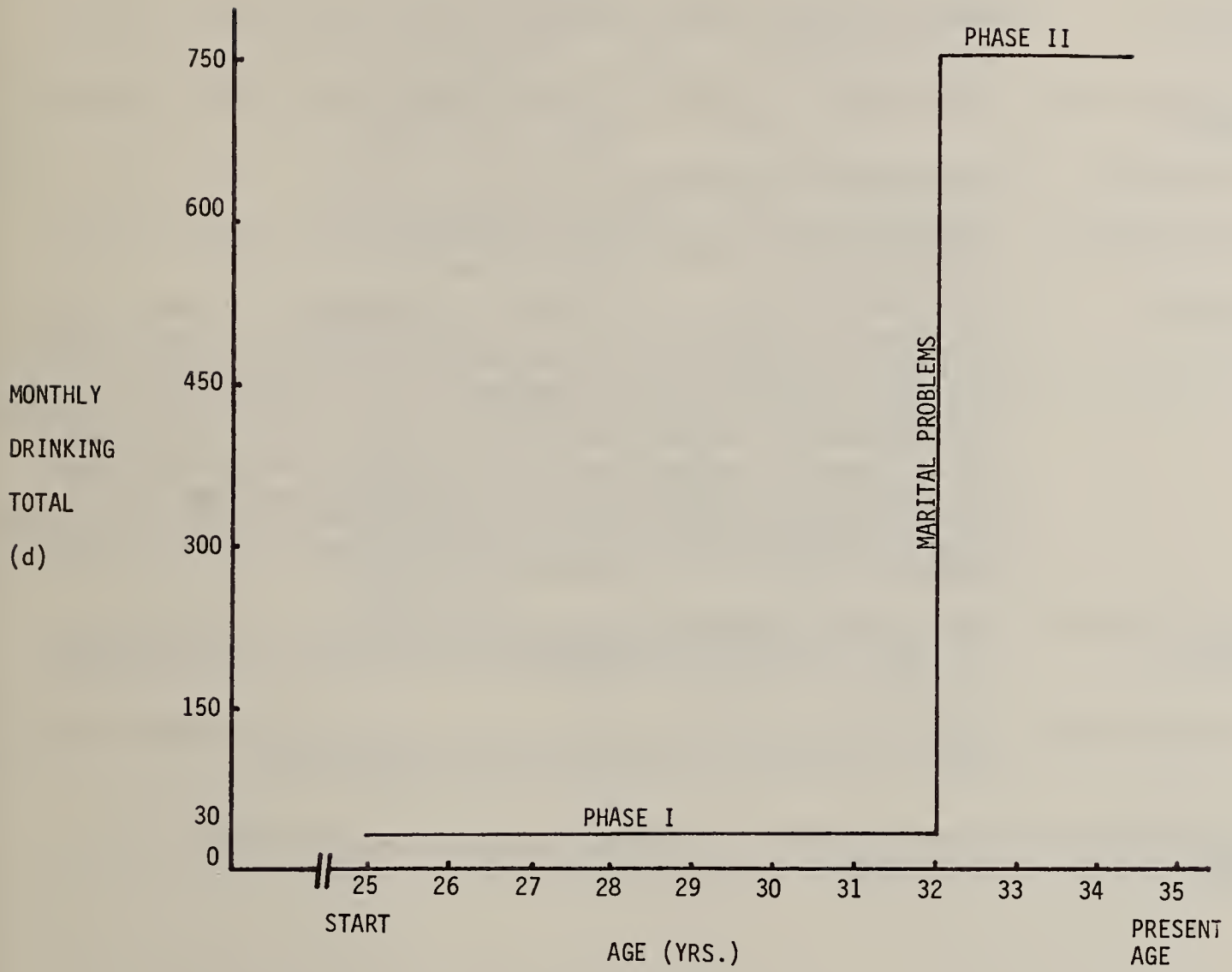
	Phase I	Phase II
1. Duration	7.0 years	2.5 years
2. Frequency	15 days/month	30 days/month
3. Monthly Total	5.4 g/kg or 30 d.	136.0 g/kg or 750 d.
4. Daily Average	0.2 g/kg or 1 d.	4.5 g/kg or 25 d.
5. Average per Drinking Day	0.4 g/kg or 2 d.	4.5 g/kg or 25 d.
6. Continuous vs Intermittent Ratio	.5	1.0
7. Volume Variability	3 d.	5 d.
8. Type	70% Beer      30% Liquor	90% Beer      10% Liquor
9. Style	Weekend	Frequent
10. Life Event	none	Family - Marital (- event)
11. Context	100% With Others	50% Alone      50% With Others
12. Time	100% Evening	25% Morning      25% Afternoon 50% Evening

Lifetime Total

1. Duration	9.5 years
2. Lifetime Total Volume	4533.6 g/kg or 24,270 d.
3. Daily Average	1.3 g/kg or 7.0 d.
4. Average per Drinking Day	1.5 g/kg or 8.1 d.
5. Continuous vs Intermittent Ratio	.87
6. Volume Variability	3.5 d
7. Type	75% Beer      25% Liquor
8. Style	74% Weekend      26% Frequent
9. Life Event	Family - Marital (- event)
10. Context	13% Alone      87% With Others
11. Time	17% Morning      7% Afternoon      87% Evening

1 drink (d) approximately = 12 oz Canadian Beer  
(13.6 g absolute alcohol) = 1½ oz Liquor  
= 3 oz Fortified Wine  
= 5 oz Wine

MONTHLY CONSUMPTION LEVELS FOR PATIENT 030999



## FIDD SIX-MONTH FOLLOW-UP QUESTIONNAIRE

- Authors:** Thomas E. Skoloda, Arthur I. Alterman, Floyd S. Cornelison, Jr., and Edward Gottheil
- Assessment Areas Covered:** Social functioning, alcohol consumption, family relations, client satisfaction
- Administration:** Self-administered, at followup
- Design Features:** Emphasizing brevity and simplicity, this questionnaire has only 14 yes/no and multiple-choice items.
- Abstract:** The Six Month Follow-Up Questionnaire was developed by Skoloda, Alterman, Cornelison, and Gottheil for use in their study of the Fixed Interval Drinking Decisions (FIDD) program conducted at the Coatesville, Pennsylvania, VA hospital. Under the FIDD program patients were allowed to drink alcohol under controlled conditions during treatment. The FIDD Six Month Follow-Up Questionnaire was designed to help the researchers assess the relationship between voluntary patient drinking patterns during treatment and psychosocial functioning at followup. The 14 items of the questionnaire cover drinking and intoxication, behaviors related to seeking further help, arrests, employment, and judgmental responses regarding work and family relationships, feeling state, and value of the program.
- Related Published Reports:** Skoloda, T.E.; Alterman, A.I.; Cornelison, F.S., Jr.,; and Gottheil, E. Treatment outcome in a drinking-decisions program. Journal of Studies on Alcohol, 36(3):365-380, 1975.<sup>1</sup>
- Availability Source:** Thomas E. Skoloda, Ph.D., Home Care Unit, Building 138, Veterans Administration Medical Center, Coatesville, Pennsylvania 19320

<sup>1</sup>See volume 1 in this series, Summaries of Alcoholism Treatment Assessment Research, for a further discussion of this article.

## Six-Month Follow-up Questionnaire

1. Since leaving the Alcoholic Program at Coatesville, have you had any alcohol at all to drink? yes, 1; no, 2.
2. Compared to my drinking before attending the Alcoholic Program at Coatesville, I am now drinking: much more, 1; somewhat more, 2; about the same, 3; somewhat less, 4; much less, 5.
3. After leaving the Alcoholic Program, I took my first drink within: the first day, 1; the first week, 2; the first month, 3; the second to third month, 4; the fourth to sixth month, 5.
4. During the last 30 days, on about how many days did you have a drink?
5. Since leaving the Alcoholic Program, I became intoxicated within: the first day, 1; the first week, 2; the first month, 3; the second to third month, 4; the fourth to sixth month, 5; not at all, 6.
6. During the last 30 days, on about how many days have you been intoxicated?
7. Since leaving the Alcoholic Program, I have voluntarily sought further help for my drinking problem: no, 1; yes, 2.
8. Since leaving the Alcoholic Program, I have been brought to a hospital because of my drinking: yes, 1; no, 2.
9. Since leaving the Alcoholic Program, I have been in trouble with the law: yes, 1; no, 2.
10. At the present time, I am: not working, 1; working irregularly, 2; working parttime, 3; working regularly, 4.
11. Answer this question only if you are working: Comparing the present to the period prior to the Alcoholic Program, my relationships at work are: much worse, 1; somewhat worse, 2; about the same, 3; somewhat better, 4; much better, 5.
12. Comparing the present to the period prior to the Alcoholic Program, my marriage and/or family relationships are: much worse, 1; somewhat worse, 2; about the same, 3; somewhat better, 4; much better, 5.
13. Comparing the present to the period prior to the Alcoholic Program, I now feel: much worse, 1; somewhat worse, 2; about the same, 3; somewhat better, 4; much better, 5.
14. I feel that the treatment I received on the Alcoholic Program was: very harmful, 1; somewhat harmful, 2; no effect, 3; somewhat helpful, 4; very helpful, 5.

## TIME-LINE FOLLOW-BACK ASSESSMENT METHOD

- Authors:** Linda C. Sobell, Mark B. Sobell, Stephen A. Maisto, and A. Mitch Cooper
- Assessment Areas Covered:** Alcohol consumption quantity/frequency, behavioral aspects of drinking, drinking behavior over a 12-month or less period of time
- Administration:** Interviewer-administered (approximately 20 to 40 minutes to complete a 12-month calendar); subjects should be breath tested prior to administration to insure they are alcohol free; interviewer should be trained in this method as various techniques will help in eliciting information from subjects; at screening, intake, and followup.
- Design Features:** The period of time to be covered by the data collection can vary from 12 months to 1 month, depending on the needs of investigators and the population under study.
- Abstract:** Pretreatment and posttreatment information concerning daily drinking behavior can be obtained using this assessment method.

The time-line method of assessing drinking behavior has been demonstrated to have good test-retest reliability and validity (for verifiable events) across multiple populations of male alcohol abusers ranging from severely dependent (chronics) to not severely dependent (e.g., problem drinkers) alcohol abusers. For results and reporting of the test-retest reliability and validity data, see the publications referenced below. The time-line technique has been used by the authors to collect both pretreatment and 18-month posttreatment data in a study of the effects of outpatient treatment for problem drinkers (see Maisto et al. 1984).

A recent study of the time-line method has shown that it also has very high reliability for both male and female normal drinker college students over a 90-day period prior to the last drink (Sobell et al., unpublished).

- Related Published Reports:** Sobell, L.C.; Maisto, S.A.; Sobell, M.B.; and Cooper, A.M. Reliability of alcohol abusers' self-reports of drinking behavior. Behaviour Research and Therapy, 17:157-160, 1979.
- Maisto, S.A.; Sobell, M.B.; Cooper, A.M.; and Sobell, L.C. Test-retest reliability of retrospective self-reports in three populations of alcohol abusers. Journal of Behavioral Assessment, 1:315-326, 1979.
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- Sobell, M.B.; Maisto, S.A.; Sobell, L.C.; Cooper, A.M.; Cooper, T.; and Sanders, B. Developing a prototype for evaluating alcohol treatment effectiveness. In: Sobell, L.C.; Sobell, M.B.; and Ward, E., eds. Evaluating Alcohol and Drug Abuse Treatment Effectiveness: Recent Advances. New York: Pergamon Press, 1980. Pp. 129-150.<sup>1</sup>

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<sup>1</sup> Refer to volume 1 in this series, Summaries of Alcoholism Treatment Assessment Research, for a further discussion of this article.

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Maisto, S.A.; Sobell, L.C.; Cooper, A.M.; and Sobell, M.B. Comparison of two techniques to obtain retrospective reports of drinking behavior from alcohol abusers. Addictive Behaviors, 7:33-38, 1982.<sup>1</sup>

Availability Source: L.C. Sobell, Ph.D., and M.B. Sobell, Ph.D., Clinical Institute, Addiction Research Foundation, 33 Russell Street, Toronto, Ontario, Canada M5S 2S1. There is no fee for use.

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<sup>1</sup>Refer to volume 1 in this series, Summaries of Alcoholism Treatment Assessment Research, for a further discussion of this article.

## TIME-LINE FOLLOW-BACK ASSESSMENT METHOD\*

"Time-line follow-back" interviewing allows one to gather reliable and relatively valid reports of daily drinking behavior from alcoholic inpatient and outpatient subjects. Basically, the technique involves asking individuals to retrospectively reconstruct their drinking behavior as they remember it to have occurred over a specified interval. The process is expedited by presenting the subject with a blank calendar covering the time interval which is to be reconstructed. Subjects are told that the purpose of the task is to describe their past drinking as accurately as possible, and that this task is formidable. The drinking information is then gradually gathered, using a variety of special interviewing techniques.

One of the most effective methods for filling in the time line is to identify anchor points, generally defined as distinctive, time-bound events. Some anchor points are shared by respondents, such as holidays, weekends, birthdays, and major news or sporting events. Other anchor points are more idiosyncratic, such as days marked by arrests, hospitalizations, illnesses, starts or terminations of employment, entry into treatment, court appearances, marital separations or reconciliations and children's birthdays. These days are considered "anchor points" because as they are recorded on the calendar, the subject is asked to recall his drinking on the days of those events as well as the days immediately preceding and following those events.

Another method of filling in the calendar is to search for extended periods of relatively invariant drinking behavior. Usually, this can be accomplished by asking the subject to recall the longest series of consecutive days during the interval under investigation when he consumed absolutely no alcoholic beverages, as well as the longest series of days when he drank daily. In many cases, individuals are able to cite extended intervals for each of these criteria. Similar data can then be gathered for the second longest episodes of abstinence and heavy drinking and so on, until distinct episodes can no longer be identified. In other cases, subjects may be able to report extended periods when they engaged in a distinct, almost ritualistic drinking pattern, such as not drinking during the week until Friday evening, and then drinking heavily until early Sunday evening. Over the course of several studies, we have found that it is atypical for subjects to report totally unpatterned drinking, and that time line data are more difficult to gather from subjects who have less serious drinking problems (and often highly variable patterns of alcohol use).

It is also important that the drinking data be objectively gathered and that the subject not be given motivation to distort his reports. Thus, the interviewer must stress the need for accurate data gathering and refrain from making evaluative comments or gestures to the subject regarding his reports. Similarly, the subject is not asked to report days when he was "drunk" or "sober," but rather is asked to report days when he consumed "any alcohol at all," and the amount consumed on each day. Although the types of beverages generally consumed by subjects were recorded in order to evaluate possible changes in drinking patterns over time, the key variable of interest in collecting time-line data was the total amount of pure ethanol the subject consumed per day during the time-line period. In this regard, the task of the interviewer and subject was eased somewhat by being able to estimate the number of Standard Drinks which had been consumed each day. This process was aided by having the interviewer give each subject a Standard Drink Conversion Chart (on a 5" x 8" card), similar to the one shown in Figure 2.

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\*From Sobell, M.B.; Maisto, S.A.; Sobell, L.C.; Cooper, T.C.; and Sanders, B. Developing a prototype for evaluating alcohol treatment effectiveness. In: L. Sobell, M. Sobell, and E. Ward, Evaluating Alcohol and Drug Abuse Treatment Effectiveness: Recent Advances. New York: Pergamon Press, 1980. Pp. 129-150.



### Standard Drink Conversion Chart

1 Standard drink = approximately 1/2 ounce of pure ethanol =

- 1 ounce 86-proof to 100-proof spirits (mixed or unmixed).
- 4 ounces 12% - 14% dinner wine (e.g., burgundy, rosé, chablis).
- 2½ ounces 20% fortified wine (e.g., port, sherry, tokay, MD 20/20).
- 12 ounces regular beer (approximately 4% ethanol).
- 8 ounces stout or malt liquor (approximately 6% - 8% ethanol).
- 1 ounce liqueur (e.g., Cointreau) (approximately 80-proof).

Fig. 2. Standard Drink Conversion Equivalency Card Format

Ideally, the dependent variable recorded for each day during the time-line period is the number of standard drinks consumed per day. In actuality, however, it is seldom necessary to achieve a precise estimate of each day's ethanol intake, and the questions of primary importance are: (a) Did the subject consume any ethanol on the day in question? (b) If the subject did drink, did he consume a little or a lot of ethanol? In this way, the subject's daily drinking can be coded into general categories. In the present study, for instance, subjects' daily drinking dispositions were coded as abstinent (no drinking), limited drinking (less than or equal to six standard drinks consumed--i.e., less than or equal to three oz of pure ethanol), heavy drinking (more than six standard drinks consumed), incarcerated in jail, incarcerated in hospital, or in a residential alcohol treatment program (e.g., halfway house). To illustrate how a completed calendar might appear, a one-month time-line calendar for a fictitious subject is presented in Figure.3. In addition to daily drinking dispositions, several other areas of life functioning were assessed during the interview. A tabular display of these pretreatment data appears later in this chapter.

Immediately after volunteering to participate in the study, each client was administered an extensive pretreatment interview which typically lasted about 90 minutes. The interview, which was conducted by the follow-up interviewer, gathered relevant information about collateral sources of information, obtained various demographic characteristics for each client, and as mentioned earlier, included a history of each client's alcohol use (i.e., daily drinking dispositions) and alcohol problems over the 12-month period immediately preceding entry into treatment. Finally, subjects were breath tested for their blood alcohol concentration (BAC), first at the time of the pretreatment interview by gas chromatography, (Alco-Analyzer, Luckey Laboratories), and then at the beginning of the 3, 6, 9, and 12-month follow-up interviews by either gas chromatography or by breath alcohol field testers (SM-7 portable field breath tester, Luckey Laboratories, Inc., evaluated by gas chromatography headspace analysis).

MONTHLY FOLLOW-BACK TIME-LINE

Subject I.D. Code: 044  
 Interviewer I.D. Code: J.H.  
 Study Code: TO-III

Date of Interview: 7/21/77  
 Follow back Interval Dates: 6/21/77 thru 7/23/77

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
⊗	⊗	⊗	⊗	24 June	25	26
				HA	HA	A
27	28	29	30	1 July	2	3
A	A	A	A	L	D	D
4 Holiday	5	6	7	8	9	10
JA	A	A	D	L	D	D
11	12 Birthday	13	14	15	16	17
D	R	R	R	R	R	R
18	19	20	21	22	23	⊗
R	R	A	A	A	A	

Code	Disposition	No. Days
A	Abstinent	<u>11</u>
L	< 6 Standard Drinks	<u>2</u>
D	≥ 6 Standard Drinks	<u>6</u>
JA	Jail, Alcohol-related	<u>1</u>
JN	Jail, Not Alcohol-related	<u>0</u>
HA	Hospital, Alcohol-related	<u>2</u>
HN	Hosp., Not Alcohol-related	<u>0</u>
R	Residential Treatment	<u>8</u>
Total No. Days this Interval =		<u>30</u>

1 Standard Drink = 1 oz 86-100 proof spirits = 12 oz. beer = 8 oz. stout = 4 oz. 12% wine = 2 1/2 oz 20% wine.

Incarcerations or Residential Stay  
 Code Dates/Location/Reason-Not  
 HA 6/24-25/VA Nashville/DeCor, left AMA  
 JA 7/4/Dawson Co./DUI, BAC = .2390, to appear 8/11/77.  
 R 7/12-19/Mealy Center/Rehab. left AMA

Figure 3. Example of Completed Time-line for a One-Month Target Interval.

## ATC FOLLOWUP STUDY QUESTIONNAIRE

- Author: Stanford Research Institute
- Assessment Areas Covered: Demographics, SES, alcohol consumption, family drinking history, alcohol problem indicators (dependence), behavioral aspects of drinking, treatment history, motor vehicle driving arrests, legal, recent hospitalizations, treatment status, perception of drinking problem, insurance
- Administration: Administered by trained interviewers to a sample of alcoholism treatment center clients at followup 18 months after intake
- Design Features: Seventy items of client responses; 12 additional items completed by the interviewer.
- Abstract: Used in the special NIAAA-funded Alcohol Treatment Center (ATC) 18-month followup study of clients treated at eight centers. See also the NIAAA National Alcohol Program Information System (NAPIS), ATC Client Intake Form, and the NIAAA NAPIS, ATC Client Progress and Followup Form.
- Related Published Reports: Ruggles, W.L.; Armor, D.; Polich, J.M.; Mothershead, A.; and Stephen, M. A Follow-Up Study of Clients at Selected Alcoholism Treatment Centers Funded by NIAAA. Palo Alto, Calif.: Stanford Research Institute, 1975.
- Armor, D.J.; Polich, J.M.; and Stambul, H.B. Alcoholism and Treatment Santa Monica, Calif.: Rand Corporation, 1976.<sup>1</sup>
- Availability Source: The instrument is in the public domain and may be reproduced without permission.

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<sup>1</sup>Refer to volume 1 in this series, Summaries of Alcoholism Treatment Assessment Research, for a further discussion of Alcoholism and Treatment.

BEGIN CARD 02

NO.

TIME STARTED: \_\_\_\_\_ AM \_\_\_\_\_ PM

ATC FOLLOW-UP STUDY QUESTIONNAIRE

1. Do you think of the place in which you live <u>now</u> as your regular place of residence, or is it a temporary residence?	Regular place of residence . . . . .	1	10
	Temporary residence . . . . .	2	
2. How long have you lived in this place of residence?	No. of Years _____		11-12
	No. of Months _____		13-14
3. And how long have you lived in your community or neighborhood?	No. of Years _____		15-16
	No. of Months _____		17-18
4. <u>Including yourself</u> , how many people live in your household?	No. of People _____		10-20
5. Do you own or rent your home?	Own . . . . .	1	21
	Rent . . . . .	2	
	Other (SPECIFY) _____	3	
6. CIRCLE ONE CODE: ASK IF NECESSARY: In what type of residence do you live . . . . .	Hotel or rooming house . . . . .	1	22
	Apartment . . . . .	2	
	Private house . . . . .	3	
	Mobile home (trailer) . . . . .	4	
	Other (SPECIFY) _____	5	
7. In how many different places have you lived during the past 12 months? (PROBE FOR NUMBER OF DIFFERENT RESIDENCES)	No. of Places _____		23-24
8. And now, I would like to know your date of birth.	Month _____		25-26
	Day _____		27-28
	Year _____		29-30
9. How tall are you? (PROBE FOR BEST ESTIMATE)	Feet _____		31
	Inches _____		32-33
10. And how much do you weigh? (PROBE FOR BEST ESTIMATE)	Lbs. _____		34-36
11. In regard to military service, are you . . . . . (CODE ALL THAT APPLY)	On active duty (ASK A) . . . . .	01	37-38
	In the reserves . . . . .	02	
	Formerly in the reserves . . . . .	04	
	A veteran (ASK A) . . . . .	08	
	Or, have you never been in the service . . . . .	16	
<u>IF ON ACTIVE DUTY OR VETERAN</u>			
A. How many years of active duty have you served?	No. of Years _____		39-40

12. A. What was the highest grade you completed in school?	No schooling . . . . .	01	41-42
	1st - 4th grades . . . . .	02	
	5th - 6th grades . . . . .	03	
	7th grade . . . . .	04	
	8th grade . . . . .	05	
	9th - 11th grades . . . . .	06	
	12th grade or GED . . . . .	07	
	1 year of college . . . . .	08	
	2 years of college . . . . .	09	
	3 years of college . . . . .	10	
	4 years of college . . . . .	11	
	Some graduate school . . . . .	12	
	Graduate school . . . . .	13	
B. Have you ever received any diploma or degree?	Yes (ASK C) . . . . .	1	43
	No . . . . .	2	
	C. What is your highest diploma or degree?		
High school diploma or equivalent . . . . .	1	44	
Associate degree (Junior College) . . . . .	2		
Bachelor's degree . . . . .	3		
Master's degree . . . . .	4		
Doctor's degree . . . . .	5		
Other (SPECIFY) . . . . .	6		
13. Have you <u>completed</u> any vocational, business, or technical school?	Yes . . . . .	1	45
	No . . . . .	2	
14. Are you now married, widowed, divorced, separated, or have you never been married?	Married (ASK A-C) . . . . .	1	46
	Widowed (ASK A-D) . . . . .	2	
	Divorced (ASK A-D) . . . . .	3	
	Separated (ASK A-D) . . . . .	4	
	Never married (GO TO Q. 15) . . . . .	5	
	<b>IF EVER MARRIED:</b>		
A. How many times have you been married?	No. of times _____	47	
B. How old were you when you were (first) married?	Age _____	48-49	
C. In what month and year did you get married (the last time)?	Month _____	50-51	
	Year _____	52-53	
<b>IF CURRENTLY WIDOWED, DIVORCED, OR SEPARATED:</b>			
D. How long have you been (widowed/divorced/separated)?	No. of years _____	54-55	
	No. of months _____	56-57	

15. At the present time do you have a full time job, part time job, do you work at odd jobs or are you not employed?	Full time job . . . . .	1	58
	Part time job . . . . .	2	
	Work at odd jobs . . . . .	3	
	Not employed (ASK A) . . . . .	4	
A. Have you been looking for work during the past 30 days?	Yes (GO TO C) . . . . .	1	59
	No (ASK B) . . . . .	2	
B. What is the main reason you haven't been looking for work? RECORD VERBATIM AND CODE	Housewife . . . . .	01	60-61
	Student . . . . .	02	
	Retired/too old . . . . .	03	
	Ill or disabled . . . . .	04	
	Drinking problem . . . . .	05	
	Institutionalized . . . . .	06	
	Don't want a job . . . . .	07	
	No job available . . . . .	08	
	In this location only temporarily/ intend to move on . . . . .	09	
	Have independent income/no need to work . . . . .	10	
	Seasonal worker . . . . .	11	
Other (SPECIFY) . . . . .	12		
C. Have you worked in the past 12 months?	Yes (ASK D-G) . . . . .	1	62
	No (SKIP TO Q. 19) . . . . .	2	
IF CURRENTLY NOT WORKING, USE ALTERNATE WORDING:			
D. What kind of work (do/did) you do (most recently in the past 12 months)? (PROBE: What (is/was) your job called?)			63-64/R
			OCCUPATION
IF NOT ALREADY ANSWERED, ASK:			
E. What (do/did) you actually do in that job? (PROBE: What (are/were) some of your main duties?)			65-66
F. What kind of place (do/did) you work for? (PROBE: What do they make or do?)			INDUSTRY
CIRCLE ONE CODE, ASK IF NECESSARY:			
G. Which of these best describes the type of job you (have/had) . . . . .	Private wage or salary worker . . . . .	1	67
	Federal government worker . . . . .	2	
	State or local government worker . . . . .	3	
	Self-employed . . . . .	4	

16. How many jobs have you had during the past 12 months (including your present job)?	No. of Jobs _____	68-69	
17. How many months were you employed during the past 12 months?	No. of Months _____	70-71	
18. How many days did you work last month?	No. of Days Worked _____	72-73	
<b>ASK EVERYONE</b>		BEGIN CARO 03	
And now some questions that have to do with drinking habits in families. First of all . . . .			
19. While you were growing up, until the age of about 16, did you live mostly with your father and mother?			
	Yes, both (ASK A & B) . . . . . 1		10
	Father only (ASK A ONLY) . . . . . 2		
	Mother only (ASK B ONLY) . . . . . 3		
	No, neither . . . . . 4		
<b>IF LIVED WITH FATHER, ASK:</b>			
A. Looking back on the days when you were growing up, do you think your father drank occasionally, drank frequently, had a drinking problem, or didn't he drink?			
	Drank occasionally . . . . . 1	11	
	Drank frequently . . . . . 2		
	Had a drinking problem . . . . . 3		
	Didn't drink . . . . . 4		
<b>IF LIVED WITH MOTHER, ASK:</b>			
B. Looking back on the days when you were growing up, do you think your mother drank occasionally, drank frequently, had a drinking problem, or didn't she drink?			
	Drank occasionally . . . . . 1	12	
	Drank frequently . . . . . 2		
	Had a drinking problem . . . . . 3		
	Didn't drink . . . . . 4		
20. And what about your drinking behavior, would you say you . . . .			
	Now drink either frequently or heavily . . . . . 1	13	
	Used to drink either frequently or heavily . . . . . 2		
	Or, did you almost never drink frequently or heavily (SKIP TO Q. 23) . . . . . 3		
21. About how old were you when you started drinking frequently or heavily?	Age _____	14-15	
22. Altogether about how many years would you say you (drank/have been drinking) frequently or heavily?	No. of Years _____	16-17	
<b>IF CURRENTLY MARRIED, ASK:</b>			
23. Do you think of your (wife/husband) as drinking occasionally, drinking frequently, having a drinking problem, or doesn't (he/she) drink?			
	Drinks occasionally . . . . . 1	18	
	Drinks frequently . . . . . 2		
	Has a drinking problem . . . . . 3		
	Doesn't drink . . . . . 4		

ADM-T20  
6-74

24 A. How did you happen to contact the (ENTER NAME OF ATC \_\_\_\_\_ )  
 a year or so ago -- was it . . . .  
 (CODE ALL THAT APPLY)

HAND  
 RESP  
 CARD  
 AND  
 READ

Your own idea . . . . .	1	19
Your (husband/wife)'s idea . . . . .	2	20
Another family member's idea . . . . .	3	21
A friend's idea . . . . .	4	22
Your employer's idea . . . . .	5	23
Your doctor's idea . . . . .	6	24
Your clergyman's idea . . . . .	7	25
A social worker's idea . . . . .	8	26
At the suggestion or order of the police . . . . .	9	27
At the suggestion or order of a court . . . . .	10	28
Someone else's idea (SPECIFY): _____	11	29

B. Was this in any way related to driving?

Yes . . . . .	1	30
No . . . . .	2	

25. How did you feel about going the first time -- would you say . . . .

Felt that it was a good idea . . . . .	1	31
Didn't care much about the idea one way or the other . . . .	2	
Or, did you resent the idea . . . . .	3	
<hr/>		
IF VOLUNTEERED:		
You really didn't know what you were getting into . . . .	4	

26. Did you ever stay at (NAME OF ATC) overnight?

Yes (ASK A-C) . . . . .	1	32
No . . . . .	2	

A. How many different times did you stay there overnight? No. of Times \_\_\_\_\_ 33-34

B. How many days did you stay there the last time? No. of Days \_\_\_\_\_ 35-37

C. Altogether how many days did you stay there overnight? No. of Days \_\_\_\_\_ 38-40

27. About how many different times have you visited (NAME OF ATC) altogether?

No. of Times \_\_\_\_\_ 41-42



28. Are you still going to (NAME OF ATC)?		
	Yes . . . . .	1 43
	No (ASK A & B). . . . .	2
A. When was the last time that you went?		
	Month _____	44-45
	Year _____	46-47
B. What was the main reason that you stopped going?		
		48-49
		50-51
29. What are some of the things that you don't like about (NAME OF ATC)?		
		52
		53
		54
		55
30. And what are the things that you do like about (NAME OF ATC)?		
		56
		57
		58
		59
31. In general, how do you feel about the program at (NAME OF ATC) -- do you think it is . . . .		
	Excellent . . . . .	1 60
	Very good . . . . .	2
	Good . . . . .	3
	Fair . . . . .	4
	Or, poor . . . . .	5

ADM-T20  
6-74

32. And how do you feel about the staff at (NAME OF ATC) -- do you think they are . . .			
	Excellent . . . . .	1	61
	Very good . . . . .	2	
	Good . . . . .	3	
	Fair . . . . .	4	
	Or, poor . . . . .	5	
33. Regardless of any medical insurance you may have, what do you think of the fees that are charged by (NAME OF ATC) -- do you think they are . . .			
	Too high (ASK A) . . . . .	1	62
	About right (ASK A) . . . . .	2	
	Too low (ASK A) . . . . .	3	
	Or, is there no fee . . . . .	4	
A. (Is/was) any part, or all of your fee covered by medical insurance?			
	Yes . . . . .	1	63
	No . . . . .	2	
34. How about transportation -- (is/was) that a problem for you?			
	Yes . . . . .	1	64
	No . . . . .	2	
	Stayed as in-patient only . . . . .	3	
35. (Are/were) the hours convenient for you?			
	Yes . . . . .	1	65
	No . . . . .	2	
	Stayed as in-patient only . . . . .	3	
36. Have you ever attended any AA meetings?			
	Yes (ASK A & B) . . . . .	1	66
	No . . . . .	2	
A. About how long ago did you last attend an AA meeting?			
	Days _____		67-68
	Weeks _____		69-70
	Months _____		71-72
	Years _____		73-74
<u>IF 6 WEEKS OR LESS, ASK B</u>			
B. How often have you attended AA meetings during the past 6 weeks -- would you say . . .			
	Regularly . . . . .	1	75
	Or, occasionally . . . . .	2	
37. Have you ever taken antabuse?			
	Yes (ASK A) . . . . .	1	BEGIN CARD 04 10
	No (GO TO Q. 38). . . . .	2	
<u>IF YES:</u>			
A. Are you now taking antabuse?			
	Yes . . . . .	1	11
	No (ASK B) . . . . .	2	
B. When did you stop taking it?			
	Month _____		12-13
	Year _____		14-15

38. During the past 30 days did you stay overnight in any institution such as a hospital, nursing home, other treatment center, or jail?	Yes (ASK A) . . . . . 1	16
	No . . . . . 2	
A. In the past 30 days how many days altogether did you spend there?	No. of Days _____	17-18
39. Have you driven a car, truck, or other motor vehicle during the past 12 months?	Yes (ASK A) . . . . . 1	19
	No . . . . . 2	
<u>IF YES:</u>		
A. Have you been arrested for drinking and driving during the past 12 months?	Yes [ASK (1)] . . . . . 1	20
	No . . . . . 2	
(1) How many times?	No. of Times _____	21-22
40. How long has it been since you had an alcoholic drink? RECORD VERBATIM AND CODE	1 - 6 days (ASK A) . . . . . 1	23
	7 - 29 days (ASK A) . . . . . 2	
	1 - 5 months . . . . . 3	
	6 - 11 months . . . . . 4	
	1 - 2 years → (SKIP TO Q. 49) . . . . . 5	
	Over 2 years . . . . . 6	
<u>IF DRANK DURING PAST MONTH:</u>		
A. On how many days would you say you drank during the past 30 days?	No. of Days _____	24-25
41. Did you drink any beer during the past 30 days?	Yes (ASK A & B) . . . . . 1	26
	No . . . . . 2	
<u>IF YES:</u>		
A. About how often — would you say . . . .	Every day . . . . . 1	27
	5 - 6 days a week . . . . . 2	
	3 - 4 days a week . . . . . 3	
	1 - 2 days a week . . . . . 4	
	Or, less often than weekly . . . . . 5	
B. About how much beer do you drink on a typical day when you drink beer?		
	6 quarts/ 3 six packs or more . . . . . 1	28
	5 quarts . . . . . 2	
	4 quarts/ 2 six packs . . . . . 3	
	3 quarts . . . . . 4	
	1 - 2 quarts . . . . . 5	
	3 - 6 bottles or cans/ 1 six pack → . . . . . 5	
	4 - 8 water glasses . . . . . 6	
	1 - 2 bottles or cans . . . . . 6	
	1 - 3 water glasses → . . . . . 6	

ADM-T20  
6-74

42. Did you drink any wine during the past 30 days?			
	Yes (ASK A & B) . . . . .	1	29
	No . . . . .	2	
<b>IF YES:</b>			
A. About how often -- would you say . . .			
	Every day . . . . .	1	30
	5 - 6 days a week . . . . .	2	
	3 - 4 days a week . . . . .	3	
	1 - 2 days a week . . . . .	4	
	Or, less often than weekly . . . . .	5	
B. About how much wine do you drink on a typical day when you drink wine?			
	5 fifths or more . . . . .	1	31
	3 - 4 fifths . . . . .	2	
	2 fifths	→ . . . . .	3
	2 quarts		
	1 fifth	→ . . . . .	4
	1 quart		
	3 water glasses		
	6 wine glasses	→ . . . . .	5
	2 water glasses		
	3 - 5 wine glasses	→ . . . . .	6
	1 water glass		
	1 or 2 wine glasses		

ADM-T20  
6-74

43. Did you drink any whiskey, gin, or other hard liquor during the past 30 days?			
	Yes (ASK A & B) . . . . .	1	32
	No . . . . .	2	
<b>IF YES:</b>			
A.	About how often -- would you say . . .		
	Every day . . . . .	1	33
	5 - 6 days a week . . . . .	2	
	3 - 4 days a week . . . . .	3	
	1 - 2 days a week . . . . .	4	
	Or, less often than weekly . . . . .	5	
B.	About how much hard liquor do you drink on a typical day when you drink hard liquor?		
	4 pints or more	→ . . . .	01 34-35
	2 quarts or more		
	3 fifths or more		
	3 pints	→ . . . .	02
	2 fifths		
	2 pints	→ . . . .	03
	1 quart		
	1 fifth	→ . . . .	04
	1 pint		
	15 - 16 shots		
	11 - 14 shots . . . . .		05
	7 - 10 shots / ½ pint . . . . .		06
	4 - 6 shots . . . . .		07
	1 - 3 shots . . . . .		08
	11 - 14 drinks . . . . .		09
	7 - 10 drinks . . . . .		10
	4 - 6 drinks . . . . .		11
	1 - 3 drinks . . . . .		12
44. These next few questions have to do with things that may have happened to you during the past 30 days.			
A.	First, during the past 30 days, how many times did you have difficulty sleeping at night?	No. of Times _____	36-37
B.	During the past 30 days, how many times did you have lapses or "blackouts"?	No. of Times _____	38-39
C.	How many times did you have the "shakes"?	No. of Times _____	40-41
D.	What was the longest period you went without a drink?	No. of Hours _____	42-43
		No. of Days _____	44-45

ADM-T20  
6-74

E.	When you drank during the past 30 days, did you . . .	Always drink with others . . .	1	46
		Usually drink with others . . .	2	
		Usually drink alone . . . . .	3	
		Or, always drink alone . . . . .	4	
F.	How many times did you miss a meal because of drinking? . . . . .	No. of Times _____		47-48
G.	During the past 30 days . . . . . How many times did you have a drink as soon as you woke up? . . . . .	No. of Times _____		49-50
H.	How many times did you have quarrels with others while drinking? . . .	No. of Times _____		51-52
I.	During the past 30 days, how many times have you been drunk? . . .	No. of Times _____		53-54
J.	What was your longest continuous period of drinking during the past 30 days? . . . . .	No. of Hours _____		55-56
		OR No. of Days _____		57-58
K.	How many times did you drink while on the job? . . . . .	No. of Times _____		59-60
		Not working . . . . .	00	
L.	During the past 30 days, how many times did you miss work or other activities because of drinking? . . . . .	No. of Times _____		61-62
45.	How would you describe your drinking problem at the present time—would you say you do . . . . .	None (no drinking at all) . . . . .	1	63
		Social drinking . . . . .	2	
		Problem drinking on sprees . . . . .	3	
		Or, steady problem drinking . . . . .	4	
46.	At the moment, how serious a problem do you feel your drinking is, is it . . . . .	No problem at all . . . . .	1	64
		A slight problem . . . . .	2	
		A moderate problem . . . . .	3	
		Or, a very serious problem . . . . .	4	
47.	During the past 30 days, would you say that your drinking problem has . . . . .	Improved . . . . .	1	65
		Stayed about the same . . . . .	2	
		Or, worsened . . . . .	3	
48.	What do you think you will do in the next few months about your drinking—do you intend to . . . . .	Stop altogether . . . . .	1	66
		Cut down . . . . .	2	
		Drink the same amount . . . . .	3	
		Or, drink more . . . . .	4	

ADM-T20  
6-74

**ASK EVERYONE**

Here are some things that people worry about. Tell me whether you worry about these.

49. Do you worry about getting or keeping a job you like?	Yes . . . . .	1	67
	No . . . . .	2	
	Retired . . . . .	3	

50. Do you worry about finding friends that don't drink?	Yes . . . . .	1	68
	No . . . . .	2	

51. Do you worry about getting along with people?	Yes . . . . .	1	69
	No . . . . .	2	

52. Do you worry about getting along with your family?	Yes . . . . .	1	70
	No . . . . .	2	
	Have no family . . . .	3	

53. Do you worry about finding a good place to live?	Yes . . . . .	1	71
	No . . . . .	2	

54. Do you worry about your health?	Yes . . . . .	1	72
	No . . . . .	2	

55. Do you worry about having enough money to live on?	Yes . . . . .	1	73
	No . . . . .	2	

56. Do you worry about finding things to do in your spare time?	Yes . . . . .	1	74
	No . . . . .	2	

ADM-T20  
6-74

57. During the past 12 months have you received any help for drinking problems other than from (NAME OF A TC) or AA? \_\_\_\_\_

10

Yes . . . . . 1  
No (SKIP TO Q. 64) . . . . . 2

11

58. What are the names of the agencies or persons from whom you received this help? ENTER EACH AGENCY OR PERSON IN COL. A BELOW. FOR EACH PERSON ASK B-D. FOR EACH AGENCY ASK B-E.

A	B	C	D	E	F	G	H
NAME OF PERSON OR AGENCY (PROBE: Any other?)	How many different times altogether (AGENCY/PERSON)	Are you still going to (AGENCY/ PERSON)	When was the last time you went? Mo. / Yr.	Did you ever stay at (AGENCY) overnight? IF YES: ASK F, G, H	How many different times did you stay there overnight?	How many days did you stay there the last time?	Altogether how many days did you stay there overnight?
		YES   NO		YES   NO	No. of Times DK. . . . 00	No. of Days DK. . . . 00	No. of Days DK. . . . 00
(1) _____ _____	No. of Times 12-13	1   2	15-16 / 17-18	1   2	20-21	22-24	25-27
(2) _____ _____	No. of Times 28-29	1   2	31-32 / 33-34	1   2	36-37	38-40	No. of Days DK. . . . 00 41-43
(3) _____ _____	No. of Times 44-45	1   2	47-48 / 49-50	1   2	52-53	54-56	No. of Days DK. . . . 00 57-59
(4) _____ _____	No. of Times 60-61	1   2	63-64 / 65-66	1   2	68-69	70-72	No. of Days DK. . . . 00 73-75



IF RECEIVED ANY HELP FOR DRINKING PROBLEMS FROM AGENCIES OR PERSONS OTHER THAN ATC OR AA -- "YES" TO Q. 57 -- ASK Q. 59-63.		BEGIN CARD 06
59. When you went to (this/these) [agency(ies)/person(s)] did you go to any group meetings?	Yes (ASK A) . . . . . 1 No (GO TO Q. 60) . . . . . 2	10
<u>IF YES, ASK:</u>		
A. About how many meetings did you go to?	No. of Meetings _____	11-12
<u>IF MORE THAN ONE MEETING, ASK:</u>		
B. Were any of the group meetings led by a counselor?	Yes ASK C) . . . . . 1 No . . . . . 2	13
<u>IF YES, ASK:</u>		
C. Were they led by the same counselor . . . . .	Usually . . . . . 1 Sometimes . . . . . 2 Or, never . . . . . 3	14
60. Did you talk with a counselor <u>alone</u> about your problems?	Yes (ASK A) . . . . . 1 No . . . . . 2	15
<u>IF YES, ASK:</u>		
A. About how many times did you talk with a counselor?	No. of Times _____	16-17
<u>IF MORE THAN ONE TIME, ASK:</u>		
B. Did you talk with the same counselor about your problems more than once?	Yes . . . . . 1 No . . . . . 2	18
61. Did you talk with a counselor about your problems with members of your family present?	Yes (ASK A) . . . . . 1 No . . . . . 2	19
<u>IF YES, ASK:</u>		
A. How many times did you talk with a counselor with members of your family present?	No. of Times _____	20-21
<u>IF MORE THAN ONE TIME, ASK:</u>		
B. Did you talk to the same counselor more than once with members of your family present?	Yes . . . . . 1 No . . . . . 2	22
62. Did you go through detox, or "drying out"?	Yes . . . . . 1 No . . . . . 2	23
63. Besides what you have just told me, what else did you do there? (PROBE: And what else?)		24 25 26 27

ASK EVERYONE

64. What is your religious preference?

Protestant . . . . .	1	28
Catholic . . . . .	2	
Jewish . . . . .	3	
None . . . . .	4	
Other (SPECIFY) _____	5	

65. How often do you attend religious services -- would you say . . .

Regularly . . . . .	1	29
Occasionally . . . . .	2	
Rarely . . . . .	3	
Or, never . . . . .	4	

66. What was your major source of financial support last month?

RECORD VERBATIM AND CODE

Job(s) . . . . .	1	30
Spouse . . . . .	2	
Family or friends . . . . .	3	
Public assistance (welfare) . . . . .	4	
Pension (include Social Security) . . . . .	5	
Insurance (include Workmen's Compensation, Unemployment Insurance) . . . . .	6	
Savings/Investments . . . . .	7	
Other (SPECIFY) _____	8	

67. What was your second most important source of financial support last month?

RECORD VERBATIM AND CODE

No second source . . . . .	0	31
Job . . . . .	1	
Spouse . . . . .	2	
Family or friends . . . . .	3	
Public assistance (welfare) . . . . .	4	
Pension (include Social Security) . . . . .	5	
Insurance (include Workmen's Compensation, Unemployment Insurance) . . . . .	6	
Savings/Investments . . . . .	7	
Other (SPECIFY) _____	8	

68. Which letter of this card indicates the total income before taxes that you earned last month?

HAND  
RESP  
CARD  
A

- |                              |   |    |
|------------------------------|---|----|
| A. None . . . . .            | 1 | 32 |
| B. \$85 or less . . . . .    | 2 |    |
| C. \$86-\$250 . . . . .      | 3 |    |
| D. \$251-\$499 . . . . .     | 4 |    |
| E. \$500-\$835 . . . . .     | 5 |    |
| F. \$836-\$1,250 . . . . .   | 6 |    |
| G. \$1,251-\$1,699 . . . . . | 7 |    |
| H. \$1,700-\$2,500 . . . . . | 8 |    |
| I. \$2,501 or more . . . . . | 9 |    |

69. What was the approximate total income of your household in 1973 before taxes? (INCLUDE INCOME FROM ALL SOURCES)

HAND  
RESP  
CARD  
B

- |                                |    |       |
|--------------------------------|----|-------|
| A. Less than \$1,000 . . . . . | 1  | 33 34 |
| B. \$1,000-\$1,999 . . . . .   | 2  |       |
| C. \$2,000-\$2,999 . . . . .   | 3  |       |
| D. \$3,000-\$3,999 . . . . .   | 4  |       |
| E. \$4,000-\$4,999 . . . . .   | 5  |       |
| F. \$5,000-\$5,999 . . . . .   | 6  |       |
| G. \$6,000-\$6,999 . . . . .   | 7  |       |
| H. \$7,000-\$7,999 . . . . .   | 8  |       |
| I. \$8,000-\$8,999 . . . . .   | 9  |       |
| J. \$9,000-\$9,999 . . . . .   | 10 |       |
| K. \$10,000-\$11,999 . . . . . | 11 |       |
| L. \$12,000-\$13,999 . . . . . | 12 |       |
| M. \$14,000-\$15,999 . . . . . | 13 |       |
| N. \$16,000-\$18,999 . . . . . | 14 |       |
| O. \$19,000-\$25,999 . . . . . | 15 |       |
| P. \$26,000-\$50,000 . . . . . | 16 |       |
| Q. Over \$50,000 . . . . .     | 17 |       |

70. RECORD TIME INTERVIEW ENDED AND CLOSE QUESTIONNAIRE.  
TAKE OUT AND COMPLETE THE LOCATING INFORMATION PAGE.

TIME ENDED:	_____ A.M.
	_____ P.M.

Thank you very much for your time.

**INTERVIEWER OBSERVATIONS**

FILL IN ITEMS BELOW AFTER YOU LEAVE THE HOUSEHOLD

a.	Length of interview in minutes . . .	No. of Minutes _____	35-37
b.	Number of <u>telephone</u> contacts required with respondent and others to complete this case . . .	No. of Telephone Contacts _____	38-39
c.	Number of <u>personal</u> visits with respondents and others . . .	No. of Personal Visits _____	40
d.	Total time spent in locating and arranging interview, excluding travel time . . .	No. of Hours _____	41-42
	(TRY TO ESTIMATE SEPARATELY FOR THE CASE)	No. of Minutes _____	43-44
e.	Sex of respondent:	Male . . . . . 1	45
		Female . . . . . 2	
f.	Respondent is:	White . . . . . 1	46
		Black . . . . . 2	
		Asian-American . . . . . 3	
		Mexican-American . . . . . 4	
		Puerto Rican . . . . . 5	
		Other Spanish-American . . . . . 6	
		American Indian/Alaskan Native . . . . . 7	
		Other (SPECIFY) _____ 8	
g.	Did the respondent show any signs of being under the influence of alcohol during the interview?	Yes, definitely . . . . . 1	47
		Yes, possibly . . . . . 2	
		No, probably not . . . . . 3	
		No, definitely not . . . . . 4	
h.	Any drinking during interview? (CIRCLE ALL THAT APPLY)	None . . . . . 1	48
		Soft Drinks . . . . . 2	49
		Tea—Coffee . . . . . 3	50
		Beer . . . . . 4	51
		Wine . . . . . 5	52
		Whiskey/Other hard liquor . . . . . 6	53
		Water . . . . . 7	54
		Other (SPECIFY) _____ 8	55
i.	To what extent did R start on the subject of a question but wander off the subject?	None . . . . . 1	56
		Some . . . . . 2	
		Moderately . . . . . 3	
		A lot . . . . . 4	

ADM-T20  
6-74

j. To what extent did R have trouble grasping the sense of a question?	No trouble . . . . .	1	57
	Some trouble . . . . .	2	
	Moderate trouble . . . . .	3	
	A lot of trouble . . . . .	4	
k. Impression of hands. . .	Steady . . . . .	1	58
	Fine tremor . . . . .	2	
	Gross tremor . . . . .	3	
l. Did respondent seem upset in any way that you knew (he/she) had been to an ATC?	Yes (ANSWER A) . . . . .	1	59
	No . . . . .	2	
A. How upset would you say respondent was?	Very upset . . . . .	1	60
	Fairly upset . . . . .	2	
	Slightly upset . . . . .	3	
INTERVIEWER NUMBER _____			61-65
INTERVIEWER'S SIGNATURE _____			66-67
DATE OF INTERVIEW _____			68-69

ADM-T20  
6-74

As you know, all the information you have contributed to this study is completely confidential.

We may wish to speak with you again about a year from now. In order to help us get in touch with you, we should like you to give us the name of a relative or friend outside this household who would be likely to know where you'll be at that time.

This information -- along with your own name and present address -- will be kept on file at the (NAME OF ATC) here in (SITE), and will continue to be kept completely confidential.

What is the name of the relative or friend who would usually know where you'll be?

NAME	
ADDRESS	TELEPHONE
What is the person's relationship to you?	RELATIONSHIP

And where do you expect to be living about a year from now?

(IF OTHER THAN PRESENT ADDRESS, OBTAIN AS DETAILED INFORMATION AS POSSIBLE)

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RECORD BELOW:

RESPONDENT'S NAME

RESPONDENT'S PRESENT ADDRESS

RESPONDENT'S PRESENT TELEPHONE NUMBER

AOM-T20  
6-74

## SEVERITY OF ALCOHOL DEPENDENCE QUESTIONNAIRE (SADQ)

- Authors:** T.R. Stockwell, R.J. Hodgson, and R. Murphy
- Assessment Areas Covered:** Alcohol dependence syndrome, severity of, withdrawal symptoms, withdrawal relief drinking, alcohol consumption quantity/frequency, rapidity of rein-statement after abstinence, diagnosis
- Administration:** Self-administered (5 minutes), voluntary, anonymous if desired, no hand-writing required, at intake and followup
- Design Features:** 20 items, 4-point frequency scale
- Abstract:** Provides a simple measure of degree of alcohol dependence following Edwards and Gross (1976). It has been employed in numerous published research studies with problem drinkers.
- The SADQ has high test-retest reliability and internal consistency. Scores range from 0 to 60. A score above 30 corresponds to clinical ratings by an experienced psychiatrist of "severe alcohol dependence." Scores predict drinking behavior in a laboratory situation and severity of withdrawal symptoms during detoxification. Scores below 30 predict the possibility of successful controlled drinking in the long term. It is not a screening instrument: it assumes the respondent already accepts that his or her drinking is causing problems.
- It will underestimate the severity of dependence for individuals with very heavy continuous intake, which will minimize early morning withdrawal symptoms.
- Related Published Reports:** Stockwell, T.R.; Hodgson, R.J.; and Murphy, R. The Severity of Alcohol Dependence Questionnaire: Its use, reliability and validity. British Journal of Addiction, 78:145-155, 1983.
- Stockwell, T.R.; Hodgson, R.J.; Edwards, G.; Taylor, C.; and Rankin, H. The development of a questionnaire to measure severity of alcohol dependence. British Journal of Addiction, 74:79-87, 1979.
- Stockwell, T.; Smail, P.; Hodgson, R.; and Canter, S. Alcohol dependence and phobic anxiety states. II. A retrospective study. British Journal of Psychiatry, 144:58-63, 1984.
- Edwards, G.; Duckitt, A.; Oppenheimer, M.A.; Sheehan, M.; and Taylor, C. What happens to alcoholics? Lancet, 2(8344):269-271, 1983.
- Edwards, G., and Gross, M.M. Alcohol dependence: Provisional description of a clinical syndrome. British Medical Journal, 1(6017):1058-1061, 1976.
- Availability Source:** Tim Stockwell, Ph.D., Exeter Community Alcohol Team, The 59 Centre, 59 Magdalen Street, Exeter, Devon, England. There is no fee for use.

S.A.D.Q.

NAME .....

AGE .....

SEX .....

---

First of all, we would like you to recall a recent month when you were drinking heavily in a way which, for you, was fairly typical of a heavy drinking period. Please fill in the month and the year.

MONTH ..... YEAR .....

We would like to know more about your drinking during this time and during other periods when your drinking was similar. We want to know how often you experienced certain feelings. Please reply to each statement by putting a circle around ALMOST NEVER or SOMETIMES or OFTEN or NEARLY ALWAYS after each question.

First we want to know about the physical symptoms that you have experienced first thing in the morning during these typical periods of heavy drinking.

PLEASE ANSWER EVERY QUESTION

1. During a heavy drinking period, I wake up feeling sweaty.  
ALMOST NEVER      SOMETIMES      OFTEN      NEARLY ALWAYS
2. During a heavy drinking period, my hands shake first thing in the morning.  
ALMOST NEVER      SOMETIMES      OFTEN      NEARLY ALWAYS
3. During a heavy drinking period, my whole body shakes violently first thing in the morning if I don't have a drink.  
ALMOST NEVER      SOMETIMES      OFTEN      NEARLY ALWAYS
4. During a heavy drinking period, my whole body shakes violently first thing in the morning if I don't have a drink.  
ALMOST NEVER      SOMETIMES      OFTEN      NEARLY ALWAYS

The following statements refer to moods and states of mind you may have experienced first thing in the morning during these periods of heavy drinking.

5. When I'm drinking heavily, I dread waking up in the morning.  
ALMOST NEVER      SOMETIMES      OFTEN      NEARLY ALWAYS
6. During a heavy drinking period, I am frightened of meeting people first thing in the morning.  
ALMOST NEVER      SOMETIMES      OFTEN      NEARLY ALWAYS
7. During a heavy drinking period, I feel at the edge of despair when I awake.  
ALMOST NEVER      SOMETIMES      OFTEN      NEARLY ALWAYS
8. During a heavy drinking period, I feel very frightened when I awake.  
ALMOST NEVER      SOMETIMES      OFTEN      NEARLY ALWAYS



PLEASE ANSWER EVERY QUESTION

The following statements also refer to the recent period when your drinking was heavy, and to periods like it.

9. During a heavy drinking period, I like to have a morning drink.  
ALMOST NEVER      SOMETIMES      OFTEN      NEARLY ALWAYS
10. During a heavy drinking period, I always gulp my first few morning drinks down as quickly as possible.  
ALMOST NEVER      SOMETIMES      OFTEN      NEARLY ALWAYS
11. During a heavy drinking period, I drink in the morning to get rid of the shakes.  
ALMOST NEVER      SOMETIMES      OFTEN      NEARLY ALWAYS
12. During a heavy drinking period, I have a very strong craving for a drink when I awake.  
ALMOST NEVER      SOMETIMES      OFTEN      NEARLY ALWAYS

Again the following statements refer to the recent period of heavy drinking and the periods like it.

13. During a heavy drinking period, I drink more than a quarter of a bottle of spirits per day (4 doubles or 1 bottle of wine or 4 pints of beer).  
ALMOST NEVER      SOMETIMES      OFTEN      NEARLY ALWAYS
14. During a heavy drinking period, I drink more than half a bottle of spirits per day (or 2 bottle of wine or 8 pints of beer).  
ALMOST NEVER      SOMETIMES      OFTEN      NEARLY ALWAYS
15. During a heavy drinking period, I drink more than one bottle of spirits per day (or 4 bottles of wine or 15 pints of beer).  
ALMOST NEVER      SOMETIMES      OFTEN      NEARLY ALWAYS
16. During a heavy drinking period, I drink more than two bottles of spirits per day (or 8 bottles of wine or 30 pints of beer).  
ALMOST NEVER      SOMETIMES      OFTEN      NEARLY ALWAYS

IMAGINE THE FOLLOWING SITUATION:

- (1) You have been COMPLETELY OFF DRINK for a FEW WEEKS  
(2) You then drink VERY HEAVILY for TWO DAYS

HOW WOULD YOU FEEL THE MORNING AFTER THOSE TWO DAYS OF HEAVY DRINKING?

17. I would start to sweat.  
NOT AT ALL      SLIGHTLY      MODERATELY      QUITE A LOT
18. My hands would shake.  
NOT AT ALL      SLIGHTLY      MODERATELY      QUITE A LOT
19. My body would shake.  
NOT AT ALL      SLIGHTLY      MODERATELY      QUITE A LOT
20. I would be craving for a drink.  
NOT AT ALL      SLIGHTLY      MODERATELY      QUITE A LOT

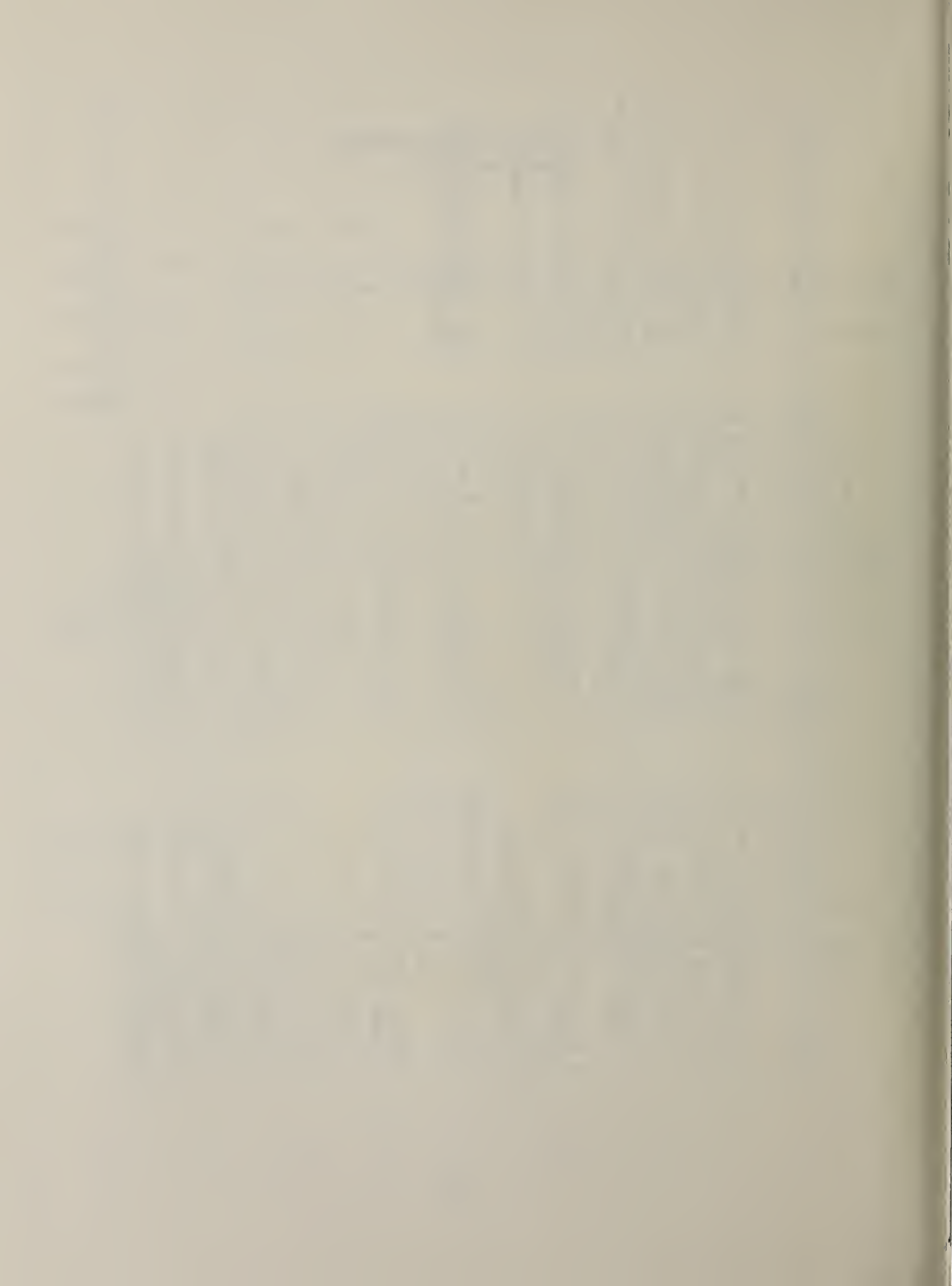
## SHARPS CLIENT SATISFACTION QUESTIONNAIRE

- Author: Barry A. Tanner
- Assessment Areas Covered: Client satisfaction success, perception of treatment, harmful effects, accessibility of services, respect with which treated, and partnership of treatment
- Administration: Self-administered (5 minutes), no handwriting required, typically anonymous and voluntary, at in-treatment and followup
- Design Features: 35 yes/no items
- Abstract: The SHARPS Client Satisfaction Questionnaire was developed by Barry Tanner as the result of his studies of clients being discharged from community mental health centers. Responses of clients to yes/no items dealing with their treatment experience were subjected to a series of analytical processes based primarily on factor analysis techniques. This research effort culminated in the identification of five factors--satisfaction, helpfulness, accessibility, respect, and partnership (SHARPS) with two second-order factors and a single third-order factor. Reliability ranges from a low of .711 on the lowest first-order factor to .961 on the negative experience second-order factor. Validity weights were demonstrated to decrease deviations from criteria.
- Related Published Reports: Tanner, B.A. A multi-dimensional client satisfaction questionnaire. Evaluation and Program Planning, 5:161-167, 1982.
- Tanner, B.A. Factors influencing client satisfaction with mental health services: A review of quantitative research. Evaluation and Program Planning, 4(3/4):279-286, 1981.
- Tanner, B.A. Assessing client satisfaction with direct services. Nexus, 1:15-16, 1979.
- Tanner, B.A., and Stacy, E.W. A validity scale for the SHARP consumer satisfaction scales. Program Planning and Evaluation, in press.
- Availability Source: Barry A. Tanner, Ph.D., Psychology 9B, Detroit Receiving Hospital and University Health Center, 4201 St. Antoine, Detroit, Michigan 48201
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Self-Administered Version

Below are some questions about your experience here. For each question cross out Y for yes if you agree more than disagree. Cross out N for no if you disagree more than agree. Cross out only one answer for each question. While some questions are similar, no two are exactly alike. There are no right or wrong answers, because we want your opinion. Do not skip any answers.

- |                                                                                                     |                                                                                                 |                                                                                       |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 1. Are you completely satisfied with what happened here?<br>Y N                                     | 15. Were you a little disappointed by what happened here?<br>Y N                                | 29. Are you very pleased with what happened here?<br>Y N                              |
| 2. Did we make things worse for you in any way?<br>Y N                                              | 16. Do you feel any worse as a result of coming here?<br>Y N                                    | 30. Did we hurt you more than we helped you?<br>Y N                                   |
| 3. Was there any "red tape" involved in being seen here?<br>Y N                                     | 17. Was it very easy to get your case opened?<br>Y N                                            | 31. Can a person be seen very easily here?<br>Y N                                     |
| 4. Did your therapist strongly respect you as a person?<br>Y N                                      | 18. Was your therapist always very warm and friendly?<br>Y N                                    | 32. Did your therapist sometimes seem to disapprove of you, just a little?<br>Y N     |
| 5. Did you and your therapist agree entirely as to what your problems were?<br>Y N                  | 19. Did you and your therapist agree 100% on what the goals of your treatment should be?<br>Y N | 33. Did your therapist frequently ask your opinion about treatment?<br>Y N            |
| 6. Are you able to handle your problems much better because of your therapy here?<br>Y N            | 20. Was your therapy very successful?<br>Y N                                                    | 34. Did we help you a great deal?<br>Y N                                              |
| 7. Were things ever less than perfect here?<br>Y N                                                  | 21. Was coming here the best thing that ever happened to you?<br>Y N                            | 35. Have there been other events in your life more important than coming here?<br>Y N |
| 8. Would you heartily recommend us to a good friend or relative who needed help?<br>Y N             | 22. Do you feel extremely good about your experience here?<br>Y N                               | S H A R P S U V                                                                       |
| 9. Did things get at all worse because you came here?<br>Y N                                        | 23. Is it partly our fault that things are bad now?<br>Y N                                      | ---                                                                                   |
| 10. Was it a bit difficult getting your case opened?<br>Y N                                         | 24. Did you have to go through too much before being seen here?<br>Y N                          | ---                                                                                   |
| 11. Did your therapist seem to dislike you some?<br>Y N                                             | 25. Did your therapist seem to like you a great deal?<br>Y N                                    | ---                                                                                   |
| 12. Did you and your therapist regularly discuss what the goals of your treatment should be?<br>Y N | 26. Did you agree completely with your therapist on all important things?<br>Y N                | ---                                                                                   |
| 13. Did we help you a great deal with your problems?<br>Y N                                         | 27. Have our services had a very good impact on your life?<br>Y N                               | ---                                                                                   |
| 14. Was there anything at all that could be improved?<br>Y N                                        | 28. Have you ever had second thoughts about coming here?<br>Y N                                 | ---                                                                                   |



## INDEXES

### AUTHOR

- Abrams, D.C. 227  
Addiction Research Foundation 1, 14, 19  
Alaska, State of, Office of Alcoholism and  
Drug Abuse 109  
Alterman, Arthur I. 528  
Annis, Helen M. 32, 36  
Antons, K. 82  
Armor, David J. 337  
Attkisson, C. Clifford 38  
Billings, Andrew 275  
Bowman, R.S. 56  
Braiker, Harriet B. 337  
Brandsma, Jeffrey M. 56, 64  
Cahalan, Don 56, 78  
Cisin, Ira H. 78  
Coe, R. 321  
Cooper, A. Mitch 530  
Cornelison, Floyd S., Jr. 528  
Cronkite, Ruth 275  
Crossley, Helen M. 78  
DiDonato, N. 189  
Doerr, H.O. 321  
Donovan, D.M. 153  
Edwards, G. 555  
Feuerlein, W. 82  
Fillmore, Kaye M. 109  
Finney, John W. 275  
Foster, F. Mark 91, 96  
Gargevich, S. 252  
Gerard, D.L. 321  
Gleser, G.C. 321  
Gottheil, Edward 528  
Gottschalk, L.A. 321  
Gross, M.M. 555  
Hargreaves, Wm. A. 38  
Headley, E.B. 321  
Hodgson, R.J. 555  
Holmes, Thomas H. 85  
Horn, John L. 91, 96  
Janda, L. 153  
Kelso, Dennis 109  
Keyson, M. 153  
Kufner, H. 82  
Larsen, Daniel L. 38  
LeVois, Maurice 38  
Longabaugh, R. 199, 209, 227  
Luborsky, L. 245  
Ludwig, A.M. 64  
MacAndrew, Craig 159  
Maisto, Stephen A. 530  
Mann, Robert E. 162  
Marlatt, G. Alan 167  
Maultsby, Maxie C., Jr. 56, 64  
Maurer, Helen S. 189  
McCrary, Barbara S. 199, 209, 227  
McLellan, A.T. 245  
Meyer, Adolf 85  
Miller, William R. 167  
Moberg, D. Paul 252  
Moos, Rudolf H. 261, 275, 293  
Murphy R. 555  
National Highway Traffic Safety  
Administration 296  
National Institute on Alcohol Abuse  
and Alcoholism 307, 315  
Nguyen, Tuan 38  
O'Brien, C.P. 245  
O'Leary, M.R. 153  
Pascoe, Gregory 38  
Pattison, E.M. 321  
Pavan, D. 162  
Pettinati, H.M. 189  
Polich, J. Michael 337  
Rahe, Richard H. 85  
Research Triangle Institute 389  
Rhodes, R.J. 321  
Ringer, C. 82  
Rohan, William P. 429  
Rotter, J.B. 153  
Schuckit, Marc A. 433, 455, 476, 488  
Selzer, Melvin L. 508  
Skinner, Harvey A. 91, 512  
Skoloda, Thomas E. 528  
Sobell, Linda C. 162, 199, 209, 227, 530  
Sobell, Mark B. 162, 199, 209, 227, 530  
Spitzer, R.L. 321  
Stanford Research Institute 535  
Stein, L.L. 64

Stockwell, T.R. 555  
Sugerman, A.A. 189  
Tanner, Barry A. 558  
Wanberg, Kenneth W. 91, 96

Welsh, Richard J. 56, 64  
Woody, G.E. 245  
Zupek, William S. 252  
Zwick, Rebecca 38

## INSTRUMENT

- Addiction Severity Index 245  
Alcohol Dependence Scale (ADS) 91  
Alcohol Treatment Program (ATP) Family History Follow-Up Interview 476  
Alcohol Treatment Program (ATP) Family History Follow-Up Interview (Resource Person Form) 488  
Alcohol Treatment Program (ATP) Family History Interview 455  
Alcohol Treatment Program (ATP) Intake Questionnaire 433  
The Alcohol Use Inventory (AUI) 96  
ATC Followup Study Questionnaire 535  
Background Information Form and Follow-Up Information Form 261  
Behavior Rating Scale--Social, Employment, Economic, Legal, and Drinking 64  
Client Follow-Up Interview 109  
Client Satisfaction Questionnaire 38  
Clinical Screening Interview 227  
Community Oriented Programs Environment Scale 293  
Comprehensive Drinker Profile 167  
Cross-Study Shared Data Base: Follow-Up Interview 19  
Cross-Study Shared Data Base: Intake Interview 1  
Cross-Study Shared Data Base: Treatment Variables and Within-Treatment Functioning 14  
Drinking Classification Indices 56  
Drinking-Related Locus of Control Scale 153  
DUI Probation Follow-Up Project Life Activities Questionnaire 296  
Family Tree Questionnaire for Assessing Family History of Drinking Problems 162  
FIDD Six-Month Follow-Up Questionnaire 528  
Follow-Up Interview 429  
Health and Daily Living Form 275  
Health Status of Successfully Treated Alcoholics Pre-Treatment Chart Schedule and Follow-Up Interview Schedule 321  
Inventory of Drinking Situations 32  
Lifetime Drinking History 512  
MacAndrew Alcoholism Scale 159  
Michigan Alcoholism Screening Test (MAST) 508  
Munich Alcoholism Test (MALT) 82  
National Alcohol Program Information System (NAPIS), ATC Client Intake Form 307  
National Alcohol Program Information System (NAPIS), ATC Client Progress and Followup Form 315  
National Survey of Adolescent Drinking Behavior--1978 389  
Outcome Expectancies Questionnaire 36  
Outcome in Alcoholics Follow-Up Interview 189  
Patient Evaluation of Treatment Program 252  
Project for Alcoholic Couples Treatment: Baseline Interview 199  
Project for Alcoholic Couples Treatment: Client Follow-Up Interview, Spouse Follow-Up Interview 209  
Quantity-Frequency-Variability Index 78  
Rand/ATC Four-Year Followup Study Client Interview, Self-Administered Form, and Collateral Interview 337  
Severity of Alcohol Dependence Questionnaire (SADQ) 555  
SHARPS Client Satisfaction Questionnaire 558  
The Social Readjustment Rating Scale 85  
Time-Line Follow-Back Assessment Method 530

## SUBJECT

- accessibility of treatment services 558  
Addiction Research Foundation 1, 14, 19  
administered by interviewer 1, 14, 19, 78, 109, 167, 189, 199, 209, 245, 307, 315, 321, 455, 476, 488, 512, 530, 535  
administered by self 32, 36, 38, 64, 85, 91, 96, 153, 159, 252, 261, 293, 296, 389, 433, 528, 555  
administered by both interviewer and self 56, 82, 227, 337  
administered by either interviewer or self 162, 275, 429, 508  
adolescent-directed questions 389  
adolescent drinking 389  
adverse consequences 1, 19, 199, 337  
Alaska, State of 109  
alcohol consumption 1, 19, 64, 167, 189, 209, 245, 252, 275, 296, 307, 315, 321, 476, 528, 535  
alcohol consumption in treatment 14  
alcohol consumption quantity/frequency 56, 78, 96, 109, 261, 337, 389, 429, 512, 530, 555  
alcohol dependence syndrome, severity of 56, 78, 82, 91, 167, 189, 337, 555  
alcohol problem indicators (dependence) 307, 315, 535  
alcohol-related problems 433, 455  
antisocial behavior 433, 455, 476, 488  
anxiety 109  
aspects of treatment that helped 429, 558  
attitudes 109, 153, 189, 389

baseline 64, 199  
 behavioral aspects of drinking 32, 153, 167,  
 189, 261, 296, 307, 315, 321, 337, 389, 512,  
 530, 535  
 children, relations with 275  
 client satisfaction 19, 38, 109, 252, 293, 429,  
 528, 558  
 Coatesville, Pa., VA hospital 528  
 conflict with others 32  
 consequences of alcohol and marijuana use 389  
 consequences of alcohol use 109  
 coping 109, 275  
 daily drinking quantity 209  
 decision to drink/not drink 32, 64, 153, 167,  
 209  
 demographics 1, 19, 167, 199, 252, 307, 315,  
 321, 337, 389, 433, 455, 476, 488, 535  
 depression 109, 275  
 detoxification, need for 227  
 diagnosis 56, 82, 91, 96, 159, 162, 245, 261,  
 433, 455, 508, 555  
 discharge 252  
 drinking contexts 389  
 drinking history 227, 307, 433, 455, 476, 488  
 drinking pattern during past year 189, 530  
 drinking style 512  
 drug use 1, 19, 109, 167, 189, 209, 245, 252,  
 389, 433, 455, 476  
 drug use in treatment 14  
 drug use related problems 476  
 DUI 296, 307, 535  
 emotional status 167, 189, 227, 321  
 employment 1, 19, 64, 109, 167, 189, 199,  
 209, 245, 296, 321, 337, 429, 476, 488  
 epidemiology 296, 307, 389, 512  
 etiology 96  
 expectancies of treatment outcome 36, 153  
 factor analysis 91, 96, 558  
 family alcohol and drug use 488  
 family drinking history 1, 162, 167, 189, 261,  
 307, 315, 535  
 family history of psychiatric disorders 433,  
 455  
 family relations 245, 275, 476, 528  
 feelings about self 261  
 followup 19, 32, 36, 38, 56, 64, 78, 85, 91,  
 96, 109, 159, 167, 189, 209, 261, 275, 293,  
 296, 315, 321, 337, 429, 476, 488, 528, 530,  
 535, 555, 558  
 harmful effect of treatment 558  
 health care contacts 109  
 insurance 307, 535  
 intake 1, 78, 85, 162, 167, 199, 227, 261,  
 307, 321, 433, 455, 530, 555  
 intensity of desire to drink 209  
 interpersonal relations 153, 321  
 in-treatment 14, 32, 36, 38, 64, 275, 293,  
 315, 558  
 legal 1, 19, 64, 109, 199, 209, 245, 296, 307,  
 337, 429, 535  
 level of functioning 476, 488  
 life events 85, 109, 167, 275, 512  
 life history 1, 19  
 lifestyle 296  
 locus of control 153, 337  
 major life changes 85  
 MAST 82, 167, 508  
 matching patients to treatment 245, 252  
 medications 227  
 mental health 227, 245, 275, 337, 476, 488  
 MMPI 159  
 motor vehicle driving arrests 296, 307, 535  
 National Highway Traffic Safety  
 Administration 296  
 Native Americans 109  
 negative moods 153  
 NIAAA 199, 209, 227, 307, 315, 389  
 Northampton, Mass., VA hospital 429  
 obsessive-compulsive drinking style 91  
 occupational adjustment 189  
 partnership nature of treatment 558  
 patterns of alcohol consumption 109  
 perceived environment 389  
 perception of drinking problem 209, 307, 315,  
 535  
 perception of treatment 558  
 personality factors 109, 159, 296, 389  
 physical discomfort 32  
 physical health 19, 82, 109, 199, 227, 245,  
 275, 296, 337, 429, 476, 488  
 post-hospital treatment 429  
 pressure from others to drink 32  
 prognosis 78, 82, 91, 153, 159, 162, 245,  
 252, 275, 337  
 psychiatric history 433  
 psychological function 109, 337  
 Quantity-Frequency-Variability Index 56, 78  
 rapidity of reinstatement after abstinence 555  
 reason for termination 14  
 recent hospitalizations 535  
 recreational activities 19  
 religion 199, 337  
 Research Triangle Institute 389  
 residence 199, 209, 296  
 resource person 56, 64, 82, 189, 337, 488  
 respect received in treatment 558  
 San Diego, Calif., VA hospital 433, 455, 476,  
 488  
 screening 32, 56, 78, 82, 85, 91, 96, 153,  
 159, 162, 167, 189, 227, 245, 275, 321, 389,  
 455, 508, 530, 555  
 SES 307, 337, 535  
 social functioning 64, 528  
 social history 199  
 social relationships 1, 19, 32, 109, 189, 245,  
 275, 296, 429  
 Social Research Group 78  
 spouse alcohol/drug use 227  
 spouse relations 209, 275  
 Stanford Research Institute 535  
 stress 275  
 substance use perceptions and plans 252  
 telephone interview 209  
 time in treatment 14  
 tobacco consumption, 1, 19, 389  
 treatment history 1, 19, 189, 199, 307, 315,  
 337, 433, 455, 535  
 treatment program social atmosphere 293

treatment status 307, 535  
type of treatment 14  
types of beverages 512  
unpleasant/pleasant emotions 32

VA hospital 429, 433, 455, 476, 488, 528  
withdrawal relief drinking 555  
withdrawal symptoms 1, 19, 91, 337, 555

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